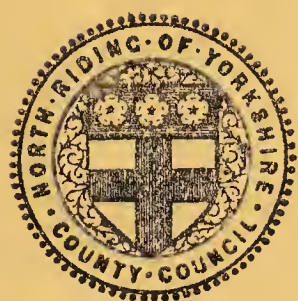


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North Riding of Yorkshire County Council

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# ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER  
OF HEALTH

FOR THE YEAR

1954



North Riding of Yorkshire County Council

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OF HEALTH

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## INTRODUCTION.

*To the Members of the North Riding of Yorkshire County Council.*

Mr. Chairman, My Lord, Ladies and Gentlemen,

I beg to submit for your consideration my annual report on the work of the County Health Department during the year 1954. The tables which are given at the end of the report are inserted at the request of the Minister of Health and give details of the incidence of births, deaths and infectious disease ; an analysis of the causes of death based on medical certification in the Riding during the year under review is also incorporated in the appendices.

In spite of the long cold wet summer, the health of the population did not seem to suffer so far as one can judge from these statistical tables and from information given each week by officers of the various branches of the Ministry of National Insurance. The freedom from diphtheria is only maintained by securing a high rate of immunisation ; there has been very good co-operation from the general medical practitioners in this matter in most areas of the county. The fees which are paid to them for notifying the completion of courses of immunisation are intended to act as an incentive so that they will persuade parents to have immunisation and vaccination carried out : the vaccination rate in this Riding is still very low in comparison with other areas in spite of serious efforts to raise it.

The deaths attributed to cancer are slightly fewer than in 1953 but are within reach of the 700 mark. The need for further research into the contributory causes of cancer still exists, but it is reasonably obvious that atmospheric pollution whether by coal smoke, sulphur compounds or the fumes of diesel engines contributes to the high incidence of cancer of the respiratory system. According to press reports, some tobacco companies have made a grant towards the cost of research in this particular field ; the result of this investigation is awaited with interest.

The building programme of the Health Committee insofar as that concerns area offices and new multi-purpose clinics is approaching completion. It is hoped that the provision of these new clinics with modern equipment will attract more dental officers to the care of children and expectant mothers. In this sphere much could be done to save teeth, so that the wholesale extractions and provision of dentures, which I have deplored in previous reports, may be cut down.



Mileage in the ambulance service is still increasing and is outside the control of your Health Committee : the staffs of some hospitals, medical, nursing and others, seem to think that their customers should have a free taxi service. Until this attitude of being generous at the ratepayers' expense is replaced by one of careful selection of patients who need ambulance transport to make a necessary visit to hospital (and many patients could be referred back to their family doctors for after-treatment), this increased demand will grow.

In conclusion I wish to thank the members of the Health Committee in office in 1954 for their enthusiastic support, and my colleagues in other departments for their co-operation. I wish to pay tribute also to the loyal assistance which has been given by the staff of the central office at County Hall and by the executive medical officers in the area offices.

I have the honour to be,

Mr. Chairman, My Lord, Ladies and Gentlemen,

Your obedient servant,

J. A. FRASER,

County Medical Officer.

County Hall,  
Northallerton,  
October, 1955.

NORTH RIDING OF YORKSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER  
OF HEALTH

For the Year 1954.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

STAFF OF COUNTY HEALTH DEPARTMENT (at 31/12/54).

County Medical Officer of Health	..	J. A. Fraser, M.B., Ch.B., D.P.H.
Deputy County Medical Officer of Health	..	A. D. C. S. Cameron, M.B., Ch.B., D.P.H.
Medical Officer for Maternity and Child Welfare	}	Marjorie J. M. Dow, M.B., Ch.B., D.P.H.
Assistant Medical Officer—Mobile Maternity & Child Welfare Unit	}	Margaret C. Barnet, M.B., Ch.B.
Chief Dental Officer	..	.. S. Craven, L.D.S.
District Medical Officers of Health	..	.. See Table on pages 7 and 8.
Chest Physicians	..	.. V. Ryan, M.D., B.Ch., B.A.O., D.P.H.
(All part-time, in direct contract with Leeds or Newcastle-upon-Tyne Regional Hospital Boards)		G. Walker, M.B., Ch.B., M.R.C.P. (Ed.), D.P.H. R. B. N. Wilsdon, M.D., B.S., M.R.C.P., (Lond.), M.R.C.S., L.R.C.P. (Lond.). S. P. Wilson, M.D., Ch.B., M.Sc., D.P.H. K. M. Barran, M.B., Ch.B. W. Davidson, M.B.E., M.B., Ch.B., D.P.H. D. P. Degenhardt, M.D., Ch.B., M.R.C.P. (Lond.)
Superintendent Nursing Officer	..	Frances S. Leader, S.R.N., S.C.M., H.V.CERT.
Deputy Superintendent Nursing Officer	..	Lilian Mann, S.R.N., S.C.M., H.V.CERT.
Chief County Health Inspector	..	G. D. Aspin, C.S.I.B., A.F.S. (E).
County Health Inspector	..	.. G. Collinson, M.R.S.I., D.P.A., to 26-7-54. D. Nurse, M.R.S.I., from 1-2-55.
do	..	.. R. Wharin, M.S.I.A.
Chief Clerk	..	.. H. A. Roebuck, D.P.A.
County Ambulance Officer	..	.. J. Bedford, A.M.I.M.I.
Senior Sectional Clerks	..	.. T. A. Hutchinson Margaret Blair, D.P.A. A. R. Elliott W. E. Lloyd C. Rutherford (acting)

Area	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Thornaby	Thornaby Borough Stokesley R.D. ..	J. W. A. Rodgers, M.B., CH.B., D.P.H., Area Health Office, Francis Street, Thornaby-on-Tees. to 3-11-54. J. McGovern, M.B., Ch. B., D.P.H., from 1-5-55.	J. W. A. Rodgers. to 3-11-54. J. McGovern, from 1-5-55.
Eston ..	Eston U.D. ..	J. A. Dunlop, M.B. Ch.B., D.P.H., Area Health Office, Cleveland House, Grangetown, Middlesbrough.	J. A. Dunlop.
Redcar ..	Redcar Borough Saltburn & Marske U.D.	H. Pattinson, M.B., Ch.B., D.P.H., Area Health Office, "Teeswold," Coatham Road, Redcar.	H. Pattinson.
Guis- borough	Guisborough U.D. Loftus U.D. Skelton & Brotton U.D.	W. H. Butcher, V.R.D., M.A., D.M., D.P.H., Area Health Office, Brotton.	W. H. Butcher.
Whitby ..	Whitby U.D. .. Whitby R.D. ..	B. Schroeder, M.B., Ch.B. D.P.H. Area Health Office, Grape Lane, Whitby.	B. Schroeder.
Ryedale ..	Malton U.D. Malton R.D. Pickering U.D. .. Pickering R.D. .. Helmsley R.D. .. Kirbymoorside R.D.	W. R. M. Couper, M.B., Ch.B., D.P.H., Area Health Office, Train Lane, Pickering	W. R. M. Couper
Bulmer ..	Easingwold R.D. Flaxton R.D. ..  Thirsk R.D. ..  Wath R.D. ..	H. Gray, M.D., Ch.B., D.P.H. Area Health Office, Manor Road, Easingwold	H. Gray  *W. G. MacArthur, M.B., 144 Front Street, Sowerby, Thirsk. *T. Carter Mitchell, M.R.C.S., Topcliffe, Thirsk to 31-3-55. H. Gray, from 1-4-55.



Area	County Districts	Assistant County Medical Officer	Medical Officer of Health for Sanitary Services
Wensley- dale	Northallerton U.D. Northallerton R.D. Aysgarth R.D. Leyburn R.D. Masham R.D.	W. Sharpe, M.B., Ch.B., D.P.H., Area Health Office, Leyburn to 3-10-54. J. L. Cotton, M.B., Ch.B., D.P.H. from 1-1-55.	W. Sharpe to 3-10-54. J. L. Cotton, from 1-1-55.
	Bedale R.D. ..		*A. W. Hansell, M.B., Woodrow, Bedale
Richmond	Richmond Borough Richmond R.D. Croft R.D. Startforth R.D.	F. W. Gavin, M.D., Ch.B., D.P.H., Area Health Office, Quaker Lane, Richmond	F. W. Gavin
	Reeth R.D. ..		*W. C. Speirs, M.B., Langhorne House, Reeth, Richmond
Scar- borough	Scarborough Borough Scalby U.D. Scarborough R.D.	W. G. Evans, M.B., Ch.B., D.P.H., Area Health Office, King Street, Scarborough	W. G. Evans (also Divisional School Medical Officer) Elizabeth R. Cameron, M.B., Ch.B., D.P.H., Deputy M.O.H., Borough of Scarborough

\* The above officers were not debarred by their terms of appointment from private medical practice.

**STATISTICS AND SOCIAL CONDITIONS OF THE AREA.**  
**GENERAL STATISTICS.**

Area (in acres) .. .. .	1,354,657
Number of separate private dwellings occupied (Census 1951) ..	99,836
Number of private households (1951) .. .. .	102,704
Average number of persons per house (1951) .. .. .	3.37
Population (Census 1931)	
Urban Districts 182,279 }	
Rural Districts 148,822 }	331,101
Population (Census 1951)	
Urban Districts 204,416 }	
Rural Districts 173,793 }	378,209
Population (estimated to mid year 1954)	
Urban Districts 205,800 }	
Rural Districts 175,700 }	381,500
Rateable Value (1st April, 1955) .. .. .	£2,475,786
Estimated product of a penny rate .. .. .	£9,851

**Area.**

The North Riding of Yorkshire is the third county in order of size in England, its acreage being 1,354,657. Its geographical character varies from the populous industrial district adjacent to the County Borough of Middlesbrough to the sparsely populated dales and moorland districts ; there are also smaller aggregations of population in inland districts and on the seaboard which forms the eastern boundary of the Riding : north of York too, there are heavily populated parishes in the Flaxton Rural District.

The administrative county includes four municipal boroughs (Redcar, Richmond, Scarborough and Thornaby-on-Tees), ten urban districts and twenty rural districts.

In nearly its whole length, the northern boundary is formed by the river Tees, separating the Riding from the County of Durham ; the eastern boundary is the seaboard ; on its southern boundary the Riding abuts on the East and West Ridings and the City of York ; on its western side is the Pennine Chain and the Lake District. Running almost north and south from Cleveland to the Vale of York is a range of hills known in its first portion as the Cleveland Hills and merging into the Hambleton Hills. In the western portion there are three main dales—these are Teesdale, Swaledale and Wensleydale proceeding from north to south.

## Population.

The population as estimated by the Registrar General at mid-year 1954 is set out in the table below ; the population for the years 1931, 1938, 1951, 1952 and 1953 are also shown for comparative purposes :—

Year.	Urban Population.	Rural Population	Total
1931	.. 182,279	148,822	331,101
1938	.. 186,000	147,500	333,500
1951	.. 203,100	175,900	379,000
1952	.. 201,900	176,100	378,000
1953	.. 204,940	173,260	378,200
1954	.. 205,800	175,700	381,500

## Social Conditions and Occupations.

The main industries in the north-eastern part of the Riding are ironstone mining, the manufacture of steel and heavy chemicals : the latter industry is being rapidly developed. On the seaboard there are many holiday resorts ; and in the rural districts agriculture and allied industries provide employment for many.

## Extracts from Vital Statistics of the Year.

		Total	M	F	
Live Births	{ Legitimate	5,824	3,082	2,742	} Birth rate per 1,000 of the estimated home population 16·0
	{ Illegitimate	266	143	123	
Still births	..	147	89	58	Rate per 1,000 total (live and still) births 23·57.
Deaths	..	4,372	2,243	2,129	Death rate per 1,000 of the estimated home population 11·5.
					Rate per 1,000 total (live and still) births
Deaths from pregnancy, childbirth, abortion	..	7			1·12
Death rate of infants under 1 year of age :					
All infants per 1,000 live births	..				27·6
Legitimate infants per 1,000 legitimate live births					26·8
Illegitimate infants per 1,000 illegitimate live births					45·1
Deaths from measles (all ages)	..			2	
Deaths from whooping cough (all ages)	..			1	

## Live Births and Birth Rates.

During the year ended 31st December, 1954, the live births registered in and belonging to the Riding numbered 6,090 (35 births less than the previous year, a decrease of ·57%.)

The birth rate for the Riding as a whole was 16·0 (per 1,000 estimated population), being higher than the rate for England and Wales—15·2.

Particulars of the rates in the several sanitary districts of the Riding are shown in Table I of the statistical tables appended to this report.



### Illegitimacy.

The number of illegitimate live births registered during the year was 266 (12 more than in 1953) ; the position shows a marked improvement on 1944 and 1945 when the number was 462 and 547 respectively.

On the basis of population the illegitimate birth rate was .70 compared with .67 in 1952 and 1953, the rate per 1,000 live births being 43.68 as compared with 41.47 in 1953 and 42.67 in 1952.

### Stillbirths.

The number of stillbirths registered in 1954 was 147 (an increase of 14 on the previous year). Further analysis of these figures into sexes indicates that there were 89 male and 58 female stillbirths. The rate per 1,000 total births was 23.57 in 1954 ; this rate compares with 21.25 for 1953 and 22.82 in 1952.

### Deaths and Death Rates.

During 1954 the total number of deaths registered for the Riding was 4,372 (2,243 males and 2,129 females). The total figure gives an annual death rate of 11.5 in 1954 (per 1,000 estimated population), which is slightly higher than the figure (11.3) for the previous year ; in terms of urban and rural districts the death rates for the seven years ended 31st December, 1954, were as follows :—

		Death Rates.						
		1948	1949	1950	1951	1952	1953	1954
North Riding :								
Urban Districts	..	12.1	13.1	13.0	13.8	12.3	12.2	12.1
Rural Districts	..	11.5	12.0	10.8	11.3	9.9	10.3	10.7
Administrative County	..	11.8	12.6	12.0	12.6	11.2	11.3	11.5
England and Wales	..	10.8	11.7	11.6	12.5	11.3	11.4	11.3

The particulars of the number of deaths and the rates in the several sanitary districts are tabulated at the end of this report.

### Mortality at Different Ages from various Causes.

The details supplied by the Registrar General are shewn on Table 3 at the end of this report.

The principal causes of death in the County during 1954 were as follows, the figures for 1953 being also given.

			1953	1954
Influenza	..	..	30	28
Heart diseases	..	..	1,530	1,631
Other circulatory diseases	..	..	168	211
Bronchitis	..	..	140	141
Pneumonia	..	..	158	135
Congenital Malformations	..	..	27	35
Tuberculosis of the respiratory system	..	..	42	39
Tuberculosis (other forms)	..	..	17	11
Cancer, malignant disease	..	..	696	674
Vascular lesions of nervous system	..	..	635	632
Nephritis and nephrosis	..	..	46	56

The position in the various sanitary districts is set out fully in Tables 4, 5, 6 and 8, but it is of interest to note that the deaths ascribed to diphtheria in the County were one each for the years 1948 and 1949, none for 1950/52, two in 1953, and none for 1954, compared with 11 in 1938.

### Cancer, Malignant Disease.

Cancer was responsible for 674 deaths in the Riding and the following tabular statement shows the position for the last ten years :—

#### DEATHS AND DEATH RATES FROM CANCER.

Total Number of Deaths.				Death rate per 1,000 population.			
		Urban		Rural		England	
Year.	County.	Districts.	Districts.	County.	Districts.	Districts	& Wales.
1945	..	593	352	241	1.89	1.99	1.76
1946	..	581	357	224	1.75	1.89	1.57
1947	..	586	340	246	1.73	1.76	1.69
1948	..	624	373	251	1.77	1.86	1.65
1949	..	633	390	243	1.79	1.93	1.61
1950	..	626	352	274	1.66	1.72	1.59
1951	..	646	403	243	1.70	1.98	1.38
1952	..	700	431	269	1.85	2.13	1.53
1953	..	696	442	254	1.84	2.16	1.47
1954	..	674	401	273	1.77	1.95	1.55

### Infantile Mortality.

There was a decrease in the number of deaths of infants under 1 year, the total number for the year under review being 168, a decrease of 17 compared with the previous year. The infantile mortality rate of 27.6 compares with 30.2 for the previous year and 25.5 for England and Wales.

The following table shows the infant mortality rates for the last 10 years.

Year	Urban Districts.	Rural Districts.	Administrative County.	England & Wales
1945	.. 55.6	54.4	55.1	46.0
1946	.. 40.1	31.5	36.5	43.0
1947	.. 46.2	42.3	41.6	41.0
1948	.. 38.8	37.2	38.1	34.0
1949	.. 41.7	36.1	39.3	32.0
1950	.. 36.0	34.2	35.2	29.8
1951	.. 38.5	27.3	33.7	29.6
1952	.. 24.3	30.1	26.9	27.6
1953	.. 33.0	26.8	30.2	26.8
1954	.. 32.5	20.9	27.6	25.5

The main causes of deaths among children under one year of age were as follows :—

	1954
Congenital malformations	.. 22
Pneumonia	.. 29
Bronchitis	.. 3

**Measles.**

There were 2 deaths from this cause during the year, compared with 3 deaths in the previous year. The following shows the deaths ascribed to measles for the past ten years :—

1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
6	1	5	3	4	3	6	Nil	3	2

**Whooping Cough.**

There was 1 death from whooping cough during 1954, compared with none in 1953 and 1 in 1952.

**Infantile Paralysis.**

Two deaths occurred in 1954 from the group of diseases which are usually known as infantile paralysis, compared with 1 in 1953 and 4 in 1952. There were 29 notifications for this disease in 1954 compared with 27 in 1953 and 47 in 1952. The responsibility for treatment of paralytic conditions of this kind lies with the Regional Hospital Boards, but after the receipt of each notification enquiries were made into the sanitary conditions, particularly the disposal of excreta and refuse, and the possibility of nuisances from cesspits and stagnant water in ditches. Action, when necessary, was taken by the local sanitary authority concerned.

**ADMINISTRATION.****Scheme.**

The Committee decided in preparing their schemes under Section 20 of the National Health Service Act, 1946 to set up a divisional administration through the medium of area sub-committees.

Decentralisation operates over the whole county in the day-to-day administration of the following services :—

- (a) the care of mothers and young children ;
- (b) the control of nursing services (supervisory staff excepted) ;
- (c) the provision and the continuance of home helps ;
- (d) the operation of the diphtheria immunisation and vaccination scheme ;
- (e) the prevention of illness, care and after care (save where at the wish of the area sub-committee this function has been handed over to voluntary organisations) ;
- (f) the supervision of the efficiency of the local ambulance service and the appointment of personnel at station level ;
- (g) the appointment of nurses, home helps and other persons working within the area.



In accordance with the scheme of delegation and the Standing Orders of the County Council, the following functions are reserved to the Central Administration (Finance Committee and/or Health Committee as the case may be) :—

- (a) the power of raising a rate ;
- (b) the power of borrowing money ;
- (c) the alteration or revocation of this scheme ;
- (d) the purchase, leasing or sale of any land or buildings ;
- (e) the appointment of clerical staff and of officers of the County Council except those referred to above ;
- (f) the dismissal of any officer or employee ;
- (g) the revision of any scale of salaries or wages which has been approved by the County Council ;
- (h) the preparation and modification of any proposal required by the National Health Service Act, 1946.

A table on page 19 sets out in some detail the scheme of local administration by area sub-committees. It will be seen, therefore, that a real effort has been made to incorporate local representatives in the sub-committee to give them an opportunity to build up a sound and economical service and to make use of their local knowledge to remedy defects and eliminate abuses. The decentralisation scheme can be said to have worked reasonably well within these limits.

The Mental Health Services Sub-Committee, however, have functions which are an exception to this decentralisation. The executive medical officers in the areas and the local sub-committees were consulted in 1948 and both officers and members felt it was desirable that the care of the mentally ill and mentally defective should not be decentralised, but should be retained under a central committee composed of persons with special knowledge of the problems and the care, both in the community and in institutions, of such defectives.

CO-ORDINATION AT OFFICER LEVEL is provided in that the scheme for whole-time medical officers of health prepared by the County Council under Section 111 of the Local Government Act, 1933, provided the basis of each area sub-committee ; in the case of the Scarborough area the medical officer of health of the three sanitary districts acts as divisional school medical officer and executive medical officer to the local health sub-committee as well as medical officer of health. In the other nine areas each assistant county medical officer is (or will be in due course) medical officer of health of all districts in his area and acts also as a local school medical officer ; he is assisted by one senior clerk and other clerical staff. District health offices are established at centres shown in the table below—



No.	Area	Constituent Authorities	Population 1951 census figures	Area Health Office at
1	Thornaby ..	Thornaby Borough .. Stokesley R.D.	41,347	Health Centre, Francis Street, Thornaby-on-Tees.
2	Eston ..	Eston U.D. ..	33,308	Cleveland House, Grangetown.
3	Redcar ..	Redcar Borough .. Saltburn & Marske U.D.	35,942	" Teeswold," Coatham Road, Redcar.
4	Guisborough	Guisborough U.D. .. Loftus U.D. Skelton & Brotton U.D.	29,035	The Annexe, " The Close," Brotton.
5	Whitby ..	Whitby U.D. .. Whitby R.D.	23,560	Grape Lane, Whitby.
6	Ryedale ..	Malton U.D. .. Pickering U.D. Helmsley R.D. Kirbymoorside R.D. Malton R.D. Pickering R.D.	28,787	Hungate, Pickering. (transferred to Train Lane 2/2/55).
7	Bulmer ..	Easingwold R.D. .. Flaxton R.D. Thirsk R.D. Wath R.D.	49,033	Manor Road, Easingwold.
8	Wensleydale	Northallerton U.D. .. Aysgarth R.D. Bedale R.D. Leyburn R.D. Masham R.D. Northallerton R.D.	33,984	Thornborough Hall, Leyburn.
9	Richmond ..	Richmond Borough .. Croft R.D. Reeth R.D. Richmond R.D. Startforth R.D.	44,775	Corporation Offices, Frenchgate, Richmond (transferred to Quaker Lane 10/5/55).
10	Scarborough ..	Scarborough B. .. Scalby U.D. Scarborough R.D.	58,438	Health Department, King Street, Scarborough.

## Co-ordination and Co-operation with other authorities and other parts of the National Health Service.

### (a) WITH OTHER AUTHORITIES.

Arrangements exist whereby the North Riding defectives have attended at occupation centres in Darlington, Middlesbrough and York. North Riding residents attend an infant welfare centre just outside the City boundary on an estate owned by the York City Council and jointly staffed by officers of the two authorities, and North Riding women and children attend clinics in Darlington County Borough, Durham County, and the West Riding of Yorkshire ; the appropriate financial adjustments are made.

There is close operational working between the ambulances of the neighbouring local health authorities, particularly when mutual aid is required as in the case of railway accidents and in other times of emergency.

### (b) WITH OTHER PARTS OF THE NATIONAL HEALTH SERVICE.

The first point worthy of mention is that there is a small common membership of the County Council and of the Regional Hospital Boards and Hospital Management Committees ; it is regretted in this connection that the number of North Riding members of the Committees of the Tees-side groups of hospitals is minimal. This is unfortunate having regard to the fact that the population in the North Riding within easy reach of Middlesbrough is equal to that of the County Borough itself.

As regards the medical services, the County Medical Officer is a member of the Local Medical Committee appointed under the National Health Service Act and in addition he meets officers of the Regional Hospital Boards quarterly and more frequently if necessary. It is in this field that the only real deterioration of the service has taken place ; before 5th July 1948, all hospital secretaries who desired payment for school children under the provisions of the Education Act, 1944, sent to the school medical officer a list of admissions and discharges of children. This list was of great value to the school health staff and to the enquiry officers of the Authority ; medical practitioners were not troubled regarding certification of these children. Now it is exceptional, save in the case of the infectious disease units, to receive any information at all regarding children.

The assistant county medical officers in the eastern part of the Riding are co-operating fully in a scheme for the selection of chronic sick persons for admission to the appropriate wards in the Scarborough and Bridlington group of hospitals ; in the case of the Scarborough area too, the local medical officer and his staff of health visitors and midwives play an active part in the selection of maternity cases for admission to the two units on social grounds. The position in other parts of the Riding, where it is not always the most needy cases who are admitted to the maternity units, shows some improvement during the last 18 months.

The health visitors of the Riding co-operate with the chest physicians in preparing reports on the home circumstances of cases referred to them and in certain areas a closer link exists as the health visitors attend at dispensary sessions. Where practicable, one nurse undertakes all the home



visiting for tuberculous persons in an area : otherwise the general duty health visitors do the necessary visitation. The midwives and nurses employed by the County Council co-operate fully with practitioners and receive their instructions about treatment from the doctors in charge of the cases, although for purpose of discipline and administration, they are under the control of the area medical officers.

At Saltburn, the Regional Hospital Board's consultants hold weekly an ante-natal clinic in a new county multipurpose clinic opened in October, 1952. No charge is made to the Hospital Management Committee for this service as County Council patients may also attend the same clinic though they are not applying for admission to the local maternity unit.

### **Publicity.**

A comprehensive calendar has been prepared showing the clinic service available in each of the ten administrative areas ; this is printed and circulated to all general medical practitioners as well as to members of the County Council's medical and nursing staffs, head teachers and other interested parties. No guide to the local health service available for distribution to the general public has been prepared because of the difficulties peculiar to a large area with very varied services provided on the one hand by the County Council and on the other hand by the two Regional Hospital Boards, but the medical and nursing staff of the County Council is encouraged to give every help to persons desiring to avail themselves of the general health service. In the case of ambulances, of course, there is no need to publicise the service ; the problem of the administrator is to prevent abuse !

### **Joint use of Staff.**

In certain areas of the Riding medical men in general practice undertake sessional work for the authority at 32 infant welfare centres ; in addition, several married women practitioners act as medical officers to centres on the same financial basis. At present there is no formal scheme for the employment of medical or other staff employed by the authority to work part-time in the hospital service but the chest physicians of the Regional Boards do have functions in relation to prevention of illness, care and after-care. It is interesting to note that the Education Committee has agreed to one of the school medical officers undertaking a weekly session in an ear, nose and throat department ; this arrangement is intended to accelerate the examination of children found to be hard of hearing or to have impaired hearing at the surveys held in schools by the audiometric nurse.

For some years an ear, nose and throat specialist attended at intervals at one of the County Council's clinics on Tees-side to deal with cases of discharging ears which do not react to treatment from practitioners or at school clinics. During 1954 this consultant retired and a senior registrar specialising in otology has attended weekly at school clinics in four towns in the Cleveland area particularly to follow-up children who have been found to have defective hearing at routine audiometric examination in schools. If operative treatment is necessary, such children are referred to the North Riding Infirmary which is now a specialist eye and ear hospital for the whole of Tees-side. Such children are dealt with very quickly but there is still

some delay in the treatment of children referred to hospitals by family practitioners. The latter are encouraged to write the Principal School Medical Officer if they have reason to believe that the education of the children is suffering by reason of tonsillitis, discharging ears or impaired hearing.

The Regional Hospital Boards also provide specialist services without charge to the authority in connection with psychiatry, mental deficiency, and ophthalmic conditions as well as ear, nose and throat and chest work.

In the special sphere of crippled children the pre-1948 arrangements still apply whereby Mr. Crockatt and Dr. Adamson of the Adela Shaw Orthopaedic Hospital attend special clinics held in numerous places throughout the Riding. Family practitioners, as well as school medical officers, refer children to these clinics ; the Education Committee has provided two specially trained orthopaedic after-care sisters to attend at these clinics, to hold separate sessions between the orthopaedic surgeon's visits, to renew plasters, adjust splints and supervise the after-care of children suffering from crippling defects by visits to the homes and schools. In this way there is a constant link between the school, the school health service and the home of the patient with immediate access to a special hospital when conditions require admission. The County Council, as local education authority, has provided a special school for physically handicapped pupils at Welburn Hall, near Kirbymoorside, and the orthopaedic surgeons named give fortnightly sessions at this school without charge to the authority.

### **Use of voluntary organisations.**

In general, the local health authority uses voluntary organisations where such bodies can do the work satisfactorily and with less formality than officers of the Council ; for example, for the care of the unmarried mothers and the adoption of children, the County Council makes grants to various Diocesan bodies who provide after-care workers and make arrangements in connection with admissions to hostels and allied matters. The charges for the use of the hostels are now generally made on a customer basis. The County Council has also used the Scarborough Council for Social Service in connection with tuberculosis after-care and has had contractual arrangements with the St. John Ambulance Brigade and the British Red Cross Society for the provision of ambulance services.



## SCHEME OF DIVISIONAL ADMINISTRATION BY AREA SUB-COMMITTEES.

Name of Area (1)	Names of County Districts comprised in the Area. (2)	Number of members of the County Council appointed by the Health Committee. (3)	Number of members of District Councils appointed by the Councils of the Districts named in Col. 2. (4)	Number of per- sons not being elected mem- bers of the County Council or of District Councils, appointed by the Health Committee. (5)	Total number of members (6)
Thornaby ..	Thornaby B. Stokesley R.D. }	3	4 2 }	6	15
Don ..	Eston U.D. ..	4	5	6	15
Redcar ..	Redcar B Saltburn & Marske U.D. }	3	4 2 }	6	15
Guisborough ..	Guisborough U.D. Loftus U.D. Skelton & Brotton U.D. }	2	2 2 3 }	6	15
Whitby ..	Whitby U.D. Whitby R.D. }	3	3 3 }	6	15
Malton ..	Malton U.D. Pickering U.D. Helmsley R.D. Kirbymoorside R.D. Malton R.D. Pickering R.D. }	3	1 1 1 1 1 1 }	6	15
Thirsk ..	Easingwold R.D. Flaxton R.D. Thirsk R.D. Wath R.D. }	2	2 2 2 1 }	6	15
Northallerton ..	Northallerton U.D. Aysgarth R.D. Bedale R.D. Leyburn R.D. Masham R.D. Northallerton R.D. }	3	1 1 1 1 1 1 }	6	15
Richmond ..	Richmond B. Croft R.D. Reeth R.D. Richmond R.D. Startforth R.D. }	2	2 1 1 2 1 }	6	15
Scarborough ..	Scarborough B. Scalby U.D. Scarborough R.D. }	2	5 1 1 }	6	15

The above scheme of delegation was approved by the County Council on the 3rd December, 1947,

### CARE OF MOTHERS AND BABIES.

A circular was issued on the 5th March, 1953, by the Ministry of Health drawing attention to the need for continuity in the care of mothers and babies and indicated some of the necessary measures of co-operation between hospital authorities, local health authorities and general practitioners. The Ministry indicated that the major responsibility in this matter rests with the local health authority ; the duties of the latter under the National Health Service Act, 1946, imply a continuity of care by the local health authority from the first confirmation of pregnancy until the attainment by the child of the age of five years or its earlier attendance at a primary school. Advice is given on the measures necessary to establish co-ordination of effort by all authorities concerned in order to ensure that the best possible care is provided for both mother and baby. In most areas in this Riding a satisfactory degree of co-operation has been established with hospital authorities and with general practitioners : the co-operation between health visitors and general practitioners is particularly good in the rural areas where each nurse has three-fold duties in order to save travelling time and expense. It is least effective in those areas where the multiplicity of general practitioners makes co-operation difficult. The coming of group practice with its subsidiary zoning of districts may do a great deal to remedy the difficulty of securing co-ordination with the present set up. One can visualise future arrangements of one doctor's area of practice to be co-terminous with that of two health visitors. Some hospitals have medical staff who are much more helpful than others in sending copies of relevant letters which indicate the need for special nursing procedures, after care, or special educational treatment. Unfortunately few hospitals have adopted the standard form of triplicate discharge report which was designed in Leeds by a group of medical officers, consultants, and a panel of general practitioners. Many practitioners complain of lack of news regarding discharge of patients and the use of this form by housemen on discharge would help tremendously in the after-care and after-treatment of patients.

At 91 places in the Riding, child welfare sessions are held as compared with 90 in 1953 and 55 in 1947. In 25 out of the 91 centres, ante-natal patients are also examined. The total number of attendances at infant welfare centres remains relatively stationary, the total attendances at infant welfare centres in the administrative county in 1954 being 60,586 as compared with 62,425 in 1953 and 63,193 in 1952. As regards the care of premature infants, provision has been made for the loan of certain equipment and two nurses have been given a special course of training in the care of these infants:

One new centre was opened during the year at The Mount, Helredale Road, Whitby

The average annual attendance per county administered centre is 666 compared with 694 in the previous year. The average number per session is 29 as against 31 in 1953. The following table gives numerical details of the clinics held, the persons who attended and the attendances for the year 1953.

During the year a multipurpose clinic and area office with a nurse's flat was erected to the design of the County Architect at Pickering.

## INFANT WELFARE CENTRES.

Number of centres provided at end of year	Number of Child Welfare sessions held during the year	Number of children who first attended a centre during the year, and who at their first attendance were under 1 year of age	Number of children who attended during the year and who were born in :			Total Number of children who attended during the year	Number of attendances during the year made by children who at the date of attendance were :			Total Attendances during the year
			1954	1953	1952-49		Under 1 year	1 but under 2	2 but under 5	
(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
9	285	726	881	294	291	1,466	7,061	1,104	652	8,817
3	146	482	391	297	262	950	5,810	534	553	6,897
4	153	415	363	304	238	905	4,990	810	631	6,431
7	177	373	284	489	292	781	3,901	997	972	5,870
5	122	183	161	101	152	414	1,499	541	526	2,566
13	170	198	179	172	375	726	1,419	930	1,542	3,891
26	431	577	494	564	907	1,965	4,866	2,267	3,159	10,292
10	186	315	271	239	376	886	2,554	963	1,649	5,166
8	145	421	374	340	388	1,102	3,037	736	937	4,710
6	282	481	427	326	381	1,134	4,310	802	834	5,946
91	2,097	4,171	3,825	3,126	3,662	10,329	39,447	9,684	11,455	60,586

In addition North Riding children attended centres established by neighbouring authorities in adjacent areas as follows :—

rd Castle	52	14	10	5	3	18	72	2	10	84
gton ..	260	5	4	3	3	10	46	10	40	96
eton-in-										
sdale ..	52	2	2	1	1	4	10	—	1	11
..	260	2	2	—	—	2	21	—	—	21
..	624	23	18	9	7	34	149	12	51	212



### **Supply of Dried Milks during 1954.**

At short notice all local health authorities in England and Wales had to improvise arrangements for the distribution of National Dried Milk and vitamin foods in the summer of 1954. Fortunately most of the volunteers (small shop keepers in the country areas as well as the Women's Voluntary Service) agreed to continue. Additional clerical staff had to be engaged and cupboards purchased in order to store these products. Difficulties of insurance also arose when nurses used their cars for the transport of dried milk to outlying farms and hamlets, but on the whole the position was satisfactory at the end of the year under review having regard to the very serious administrative upheaval which had taken place owing to the decision taken centrally to close many of the Ministry of Food Offices. In addition to the arrangements formally made for the distribution of the official preparations, many proprietary dried milks and other nutrients were supplied at infant welfare centres and clinics in accordance with expressed preferences of the medical officers attending such centres. Every encouragement has been given to mothers by the health visitors and other staff of the County Council to take up supplies of vitamin food provided for them and for their children. The additional cost to the ratepayers of the decentralisation of the distribution of dried milk during 1954 was approximately £1,282 and is expected to amount to £2,500 each full financial year.

### **Care of Expectant and Nursing Mothers and Children under School Age.**

The development in connection with the provision of ante-natal care in the community has been maintained ; the arrangements whereby consultants of the regional hospital board use the county council clinic at Saltburn for ante-natal sessions primarily for women seeking admission to Overdene Maternity Home have been extended and it seems probable that this service has come to stay.

Ante-natal clinics are held on premises owned or rented by the County Council at 41 places in the Riding either separately or in conjunction with infant welfare sessions ; these are staffed by medical officers with special experience in this type of work.

Specimens of blood are taken at all the County Council ante-natal clinics for transmission to the pathological laboratories set up either in the hospital service or in the Regional Blood Transfusion Service. In certain areas, practitioners refer patients to the ante-natal clinic so that blood specimens can be taken. The number of women who attended increased from 2,145 to 2,602. The total number of ante-natal attendances at North Riding clinics decreased by 141, which is only 241 less than the peak figure of 1948. In addition attendances were made by mothers from the North Riding at the ante-natal clinics in York and Ripon.

As regards mothercraft training, this is one of the essential services provided at ante-natal and infant welfare clinics. The absence of such teaching at general practitioners own ante-natal sessions is the main difference between a private ante-natal clinic and one operated by the local authority. Film strips, posters, leaflets and models have been used to illustrate the points in the talks given by medical officers and health visitors.

Maternity outfits are provided through clinics and through midwives for women who intend to have a domiciliary confinement. Each of the ten divisional offices has some accommodation for storage ; in addition, midwives often hold two or three spare outfits in their houses. The outfit supplied includes all the items set out in the appropriate Ministry's circular.

Special sessions were held at Redcar, Scarborough, South Bank and Thornaby-on-Tees for those post parturient women who desired post-natal examination by a woman medical officer.

Item	1951		1952		1953		1954	
	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal	Ante-Natal	Post-Natal
No. of Clinics ..	32	4	39	4	42	4	41	4
No. of Sessions ..	706	126	994	140	986	133	978	133
No. of Women who attended ..	1,493	96	1,389	100	2,145	90	2,602	82
Total No. of Attendances	5,398	116	4,795	116	7,596	106	7,455	85

### Mobile Infant Welfare and Ante-Natal Unit.

Many of the rural villages and outlying hamlets in the North Riding within a radius of 25 miles of New Earswick are provided with a good service by means of a mobile clinic presented to the County Council in 1949 by the Joseph Rowntree Village Trust ; this unit, during the year under review, was drawn by a 30 h.p. Ford Pilot car. The unit is staffed by an assistant county medical officer (female), a qualified health visitor and a driver/clerk. Waiting rooms are hired in villages for the use of those awaiting examination and advice. The car is also used for the purpose of transporting mothers and children from hamlets and outlying dwellings to and from the unit which is usually drawn up alongside a hired waiting room in one of the larger villages. The attendances are set out in the following table ; these attendances are also aggregated with those for static centres given on page 21.

	1952	1953	1954
Clinics .. .. .	19	22	21
Sessions held during the year .. ..	447	526	527
Expectant Mothers, Nursing Mothers and/or children using the service .. ..	1,200	1,527	1,407
Total number of attendances .. ..	6,097	7,417	7,373

In many rural areas special transport is hired to convey mothers and young children to centres established in nearby townships. In 1954, 26 centres were provided with this additional service at an approximate cost of £569. Sessions are held weekly, fortnightly or monthly, depending upon the need and the availability of staff and premises. Medical advice was available to mothers at all centres either from whole-time medical officers or from part-time medical practitioners who were paid sessional fees. Qualified nursing staff were in attendance at all sessions.



### Care of Unmarried Mothers and their Babies.

Grants were made to the following moral welfare associations who gave, through their paid and voluntary workers, valuable help and advice to expectant and nursing unmarried mothers :—York Diocesan Association for Moral Welfare (York and North Riding Branch) ; York Diocesan Preventative and Rescue Association (Middlesbrough Branch) ; Cleveland Association for Moral Welfare ; Scarborough Moral Welfare Association ; Whitby Moral Welfare Association.

The following gives details of unmarried mothers for whom accommodation was provided in mother and baby hostels :—

Name of Hostel	No. of Unmarried mothers for whom accommodation was provided			
	1951	1952	1953	1954
Diocesan Association for Moral Welfare, Heworth Moor House, Heworth Green, York	30	31	28	22
*Diocesan Association for Moral Welfare, 21, Albemarle Crescent, Scarborough ..	26	Nil	20	7

\* Home closed from January, 1954 to June, 1954.

In addition to the above, 7 patients were admitted during the year 1954 to mother and baby homes at Leeds, Hull, Newcastle, Kendal and Blackburn. The social workers employed by the diocesan associations gave excellent service in this branch of public health.

### The Care of Crippled Children (pre-school age groups).

Orthopaedic clinics, attended by an orthopaedic surgeon, were held in premises provided by the County Council at Thornaby, South Bank, Saltburn, Guisborough, Redcar, Carlin How, Whitby, Malton, Northallerton, Richmond, and Scarborough ; clinics were also held at the Adela Shaw Orthopaedic Hospital, Kirbymoorside and by arrangement with the York City Council in the York School Clinic.

Some 362 children attended orthopaedic clinics during the year ; of these 209 were new cases. The total number of attendances at these clinics during the year was 1,072.

Children over the age of two years who are materially handicapped by crippling defects are dealt with under regulations made by the Minister of Education under the Education Act, 1944.

Admissions of children under the age of two years to orthopaedic hospitals were arranged for 20 children during 1954. These children required treatment for non-tuberculous crippling defects.

In last year's report I described at some length the services provided for "spastics" in the North Riding. Without elaborating the subject in considerable detail, it seems worth mentioning that these spastics are persons who suffer from cerebral palsy as a result of brain damage or defects occurring before or at birth or during early childhood. It is not always appreciated that the multiplicity of symptoms associated with different cases of cerebral

palsy arise because of the infinite variety of damage which may take place during the first weeks of intra-uterine life, possibly because of a virus infection, or later because of intra-cranial haemorrhage or other damage. The real difficulty in the provision of treatment for cerebral palsy cases arises from two facts (i) that there are so many different forms of cerebral palsy and (ii) because there is often intellectual impairment as well as a physical handicap.

One must stress again that the only real way to tackle this condition is to secure early diagnosis and early treatment. I have suggested that some seven categories of ailment affect children during the first fortnight of life should be reported by the hospitals concerned or by the midwives to this office so that the health visitor who will normally be going into the home can, without causing anxiety to the mother, keep a careful eye on the physical development and progress of these children. Some of them will suffer a high tone deafness, others will have uncontrollable movements and a further number will be truly spastic in that their muscles will be in a state of tension. One cannot expect the mother of such a child, unless she happens to be a trained nurse, to appreciate the position and one fears that in many cases the family practitioner is not called in solely because the parent does not know that anything is really wrong. The opposition of many medical men to the use of health visitors in the early detection of cerebral palsy cases arises because of the fear of "interference" with his patients, but it is quite easy to instruct the health visitors to call the attention of the family doctor to the possible defects; there is no desire on the part of local authority staff to build up another system of clinics independent of the special units in hospitals. Quite apart from this question of spastics it would be impracticable for another body to secure physiotherapists when there are so few of these available.

The special unit to be provided at the Adela Shaw Orthopaedic Hospital at Kirbymoorside had not been opened at the end of the year under review but it is hoped that this and other special units, possibly one on Tees-side, will be provided by the respective regional hospital boards.

#### SPECIAL SCHOOL PROVISION.

For spastic children who do not require active hospital treatment but who require special educational methods and/or intensive physiotherapy, the Education Committee has provided accommodation at Welburn Hall Residential School. Sometimes these children are admitted for a test period to make sure that they are capable of learning ordinary school subjects, because, unfortunately, at least 30% of spastics are ineducable within the meaning of Section 57 (3) of the Education Act, 1944. The children who do benefit however are retained until school leaving age or until their condition improves to such an extent that they are capable of attending an ordinary school even though they may have to be taken to school by their parents or by special transport. Towards the end of the stay in Welburn Hall, that is when the child is over fifteen years of age, the headmaster makes contact with the youth employment officers who have been successful in most cases in providing suitable employment for such children.



During the year a large conference was called in Middlesbrough Town Hall where representatives of four major local authorities gave details of the service available in their respective areas to representatives of parents of spastic children. It was shown that the ascertainment in the North Riding for example, was slightly higher than one would expect but that more than half of these children who had been found were actually attending ordinary schools ; the others were residing in special units such as those mentioned in the preceding paragraphs or were attending an occupation centre.

### **Dental Treatment of Expectant and Nursing Mothers and Children under the age of 5 years not attending a maintained school.**

Owing to the lamented sudden death of Mr. Sidney Craven, the principal dental officer, it is not possible to submit a report from him, but the table below shows that some 213 mothers were treated in 1954 as compared with 134 in 1953 and that 131 of these were made dentally fit before the end of the year. There was a rather similar increase in the number of children under 5 treated. The shortage of dental staff has made it difficult to cope with the demand for treatment in the school health service and it is intended that any additional professional staff will be encouraged to give more time to conservative treatment to mothers and young children instead of doing extractions and providing dentures. My personal view is that the services of local authorities' dental staffs should be limited to the preventive side of dentistry and in particular to the saving of teeth during pregnancy and during the first five years of life.

#### **(a) Numbers provided with dental care.**

	Examined	Needing Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers .. ..	257	250	213	131
Children Under 5 ..	330	299	275	183

#### **(b) Forms of dental treatment provided.**

	Extractions	Anaesthetics General	Fillings	Scalings or scaling & gum treatment	Silver nitrate treatment	Radiographs	Dentures provided	
							Complete	Partial
Expectant & Nursing Mothers	956	159	93	56	1	15	68	35
Children under 5 ..	575	224	65	3	39	1	—	—

## DOMICILIARY MIDWIFERY SERVICE.

## Domiciliary Midwifery.

The whole of the domiciliary midwifery service provided under this section is administered directly by the County Council. Since 1949 there has been a decline in domiciliary midwifery and, because of this trend, it is not now the policy of the County Council to make new appointments of whole-time midwives; nurses in urban areas are now offered contracts in most cases as district nurse/midwives. At the end of the year under review 16 whole-time midwives were employed in urban districts, 24 nurses (plus 9 part-time) undertook combined duties in urban districts and 73 nurses (plus 3 part-time) were carrying out generalised duties in rural districts.

The number of domiciliary confinements during the year is set out in the table below. For comparative purposes, figures for the years 1950 to 1953 are also given :—

	1950	1951	1952	1953	1954
Total Domiciliary Confinements ..	3,017	2,797	2,838	2,463	2,477
(a) attended by midwives ..	2,068	2,021	1,985	1,884	1,995
(b) attended by maternity nurses ..	949	776	853	579	482
Percentage of total notified births ..	56.5	46	45.8	38.5	42.6

Deliveries attended by midwives employed by the County Council during 1954 :—

Doctor not booked		Doctor booked		Total
Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	
55	504	421	1,479	2,459

Only 1,485 of these 2,459 babies were wholly breast fed on the fourteenth day in spite of the best efforts of the county midwives. The whole weight of modern advertising is directed towards the use of substitute foods.

During the year, 198 cases delivered in institutions were attended by domiciliary midwives after discharge from institutions before the fourteenth day, compared with 241 in the preceding year.

It is interesting to note that in the last complete calendar year before the 'appointed day,' the percentage of domiciliary confinements (91%) taking place in the Riding was twice the percentage for 1954.



Unfortunately admission to many of the units in or near the Riding is not controlled by the local medical officer, but by the matron or consultants in attendance at the maternity hospital. It is most desirable that the knowledge and experience of the County Council midwives and health visitors should be fully used when decisions are made regarding the degree of priority for women who claim admission because of social conditions : after all maternity homes were originally provided as a form of rehousing during the puerperium, where conditions at home were unsatisfactory.

In the Proposals as originally submitted to the Minister of Health, allowance was made for the employment of a Superintendent Nursing Officer who would be the non-medical supervisor of midwives, a Deputy Superintendent Nursing Officer, and two Assistant Nursing Officers, who would also undertake the supervision of midwives. In practice it has been found that effective supervision of midwives and co-ordination of the nursing services can be carried out by the employment of two nursing officers only. The nursing officers inspect midwives employed in private nursing homes or in maternity homes where there is no resident medical officer, and those practising privately within the administrative area of the authority, as well as the directly employed midwives.

Ante-natal supervision is provided by medical officers and midwives at the ante-natal clinics and at certain infant welfare centres, as well as at special midwives' clinics ; in addition, those midwives who are booked by expectant mothers who do not attend clinics, visit their patients at intervals. There is in general good co-operation between county midwives and general practitioners who undertake maternity medical services.

The County Council each year authorises the attendance of eight to ten midwives at refresher courses ; the number attending during 1954 was ten.

Since the end of 1954, the Minister of Health has approved new Rules relating to the practice of midwifery: these are mandatory on local supervising authorities and details of the arrangements made will be given in my report for 1955.

As forecast a year ago, the second part training school for midwives at Scarborough was closed down in December 1954, because all efforts to maintain its staff and status were unsuccessful.

### Notification of Intention to Practise.

It is the duty of every midwife who wishes to practise in the area of a local supervising authority to notify that authority each year of her intention to do so ; the following table shows the number who registered during the year 1954 in various categories (figures for preceding year in brackets).

No. of Midwives	Employed by the County Council	Engaged in private practice	Employed by Hospital Management Committees
215 (192)	125 (130)	8 (8)	77 (48)



The Ministry of Health made, under Section 6 of the Midwives Act, 1936, an order which came into effect on the 1st September, 1938, prohibiting unqualified women from acting as maternity nurses for gain. Under the Defence (General) regulations, 1939 (Regulation 33) the County Council employed on midwifery duties during 1954 one such person who had surrendered her certificate under the Midwives Act, 1936.

### Medical Aid Records.

The Central Midwives Board is empowered by statute to make rules regulating supervision and restricting, within due limits, the practice of midwives. A midwife acting as such, or as a maternity nurse, is obliged to observe these rules. One of the most important of these rules is that she must send for medical aid in all cases of illness of the patient or child or for any abnormality occurring during pregnancy, labour or lying-in period. The following table shows the nature of some of the reports sent in by the county midwives, district nurse/midwives, independent midwives and midwives employed in maternity homes or nursing homes during the period under review as compared with the previous three years :—

		1951	1952	1953	1954
Requests for medical aid	..	583	518	526	532
Stillbirth reports	.. ..	48	36	39	37
Rise in temperature	.. ..	18	15	16	20
Death of mother	.. ..	1	2	—	2
Death of infant	.. ..	19	12	8	8
Laying out dead body	.. ..	24	20	17	27
Artificial feeding	.. ..	114	129	193	261
Liability to be a source of infection		50	74	25	47

The following is a classification of the stages when midwives had to summon medical aid—

		1951	1952	1953	1954
During pregnancy	.. ..	125	107	116	88
During labour	.. ..	308	259	260	284
During lying-in period	.. ..	66	74	65	88
In respect of child	.. ..	84	78	85	72

### Liability to be a Source of Infection.

In accordance with the Rules of the Central Midwives Board, there is an obligation on a midwife to notify the local supervising authority when she is liable to be a source of infection. The number of notifications received each year since 1948 has varied from 103 in 1948, 75 in 1949, 59 in 1950, 50 in 1951, 74 in 1952, 25 in 1953, to 47 in 1954 ; the medical officers in charge of the ten administrative areas have been given the duty of ensuring that proper steps are taken by each midwife before returning to duty. In this connection, the assistance of the Public Health Laboratory Service is gratefully acknowledged for investigations into nose, throat, ear and other conditions of midwives when it appeared that the safety of the mothers and babies might be endangered by the existence of such conditions.

### Maternal Mortality.

Maternal mortality is subject to wide fluctuations and the comparison of rates may lead to false deductions owing to the relatively small figures involved.

In 1954 the total of maternal deaths was 7 as compared with 10 in 1948, 11 in 1950, 12 in 1951, 4 in 1952 and 2 in 1953.

The distribution of maternal deaths is shown in table 6 at the end of the report.

### Premature Births.

PREMATURE LIVE BIRTHS										PREMATURE STILL-BIRTHS		
Born in hospital		Born at home and nursed entirely at home		Born at home and transferred to hospital on or before 28th day		Born in nursing home and nursed entirely there		Born in nursing home and transferred to hospital on or before 28th day		Born in hospital	Born at home	Born in nursing home
Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days	Total	Survived 28 days			
250	203	80	72	34	21	18	13	—	—	46	17	3
Total premature live births									..	382		
Total premature still-births									..	66		

### Notification of Puerperal Pyrexia.

During 1951 the Minister of Health, in exercise of his powers under Sections 143 and 283 of the Public Health Act, 1936, and other enabling powers, varied the regulations which are called the Puerperal Pyrexia Regulations 1939 and the Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926 and 1928. Puerperal Pyrexia was redefined as "any febrile condition occurring in a woman in whom a temperature of 100·4° Fahrenheit (38° Centigrade) or more had occurred within fourteen days after childbirth or miscarriage".

In 1954, 23 notifications were received; the circumstances of 19 cases were investigated by the superintendent nursing officers.

### Public Health (Ophthalmia Neonatorum) Amendment Regulations, 1937.

Ophthalmia neonatorum is an infectious condition of the eyes of infants commencing within twenty-one days of the date of birth, and under these Regulations the duty of notifying cases is placed on the medical practitioner in attendance. If a midwife is in attendance, she is obliged by the Rules of the Central Midwives Board to call in a doctor where there is any eye discharge, however slight. In 1954, 8 cases were reported: all were treated at home and made a satisfactory recovery.



### Analgesia used by Midwives.

At the end of 1954, eighty nine domiciliary midwives employed in the Council's service were qualified to use gas and air analgesia.

The arrangements made to train domiciliary midwives in the use of pethidine with a view to taking advantage of the amendment made to the Dangerous Drugs Regulations, 1937, by the Dangerous Drugs Regulations 1948 and 1950 were described in a previous report. These provide that a certified midwife who has in accordance with the provisions of the Midwives Act notified to the local supervising authority her intention to practise, is authorised to be in possession of and to administer medicinal opium, tincture of opium and pethidine so far as is necessary for the practice of her profession or employment as a midwife, subject to certain conditions. Five more midwives received instruction in the use of gas/air analgesia during 1954.

The following table may be of interest and concerns the midwives employed by the County Council (the figures in brackets are those for 1953)

Domiciliary midwives trained to use gas/air apparatus	Sets of apparatus	Total domiciliary births	Patients receiving gas/air from domiciliary midwives		Patients receiving pethidine from domiciliary midwives	
			Doctor not present	Doctor present	Doctor not present	Doctor present
89 (92)	76 (76)	2,459 (2,451)	951 (692)	191 (176)	820 (1,052)	277 (254)

### HEALTH VISITING.

The general arrangement is that in populous areas certificated health visitors are employed on health visiting and school nursing duties. Thirty-four such nurses were employed in 1954, two more than in 1953. In addition one qualified health visitor was employed jointly on tuberculosis and venereal disease work in the Scarborough district and an experienced but uncertificated health visitor carried out tuberculosis visiting and school nursing in the Thornaby area.

In rural districts nurses are employed on generalised duties ; 27 of these nurses hold the health visitors' certificate, five more than in 1953. In one area, health visitors attend on Saturday mornings in rotation at the local hospital and obtain a list of children who have been admitted during the preceding days and of those who are likely to be discharged home during the following week. In another area the deputy nursing officer attends and the relative information is distributed from the central office. All information regarding pending discharges is circulated to the home nurses in the area so that they can make any necessary preparations.

The total number of visits of all kinds made by health visitors was 127,711 in 1954 as compared with 121,723 in 1953, and 96,975 in 1949.

The following table sets out the work of the health visitors during 1954 :

Expectant mothers	Children under 1 yr. of age	Children age 1 and under 2 yrs	Children age 2 but under 5 years	Tuber- culous House- holds	Other cases	Total
2,072	36,091	21,063	45,661	4,380	18,444	127,711

The total number of children under 5 years of age visited was 33,293 and 21,266 families were visited by the health visitors.

### Training.

The County Council offers four scholarships each year valued at £240 each to enable suitable nurses to take the health visitors course of training at recognised centres. Since July, 1948, 25 similar scholarships have been granted to suitable candidates and with two exceptions the students have obtained the qualifying certificate. A condition attached to the scholarships is that the recipient must work in the administrative county for a period of two years after obtaining the certificate.

Facilities have been afforded to the Principal of the Bolton Technical College for his students to obtain a week's experience in rural areas during the course of training. The County Council's health visitors find accommodation for these students and take them on their rounds as well as having the students as helpers at ante-natal clinics and infant welfare centres. Refresher courses for health visitors are not held within the Riding but vacancies are obtained every two years at courses held by the Royal College of Nursing.

### Child Life Protection and Adoption of Children.

In this Riding the functions of infant life protection and the adoption of children are dealt with by the Children's Committee. Although most of the home visiting is undertaken by a visitor employed by the Children's Committee, the health visitors are often consulted regarding persons who are anxious to adopt a child or willing to undertake duties as foster parents. Children in the care of the Children's Committee continue to receive the normal care and supervision of the health visitor whose basic training is that of a nurse and whose professional judgment is of great value in assessing the health and needs of each child. Every attempt is made to ensure that "deprived" children are not further deprived of the services available to other children of the same age living in their homes.



### HOME NURSING SERVICE.

When the County Council took over the home nursing service from district nursing associations in July 1948, it was decided to employ whole-time home nurses in the urban areas. Owing to the decline in domiciliary midwifery, it has become the practice to appoint doubly qualified nurses to undertake combined duties in these districts. On 31-12-54 there were 15 whole-time home nurses, 24 nurses undertaking midwifery and home nursing, and in the rural districts 73 nurses were undertaking duties of a generalised character. There were also 22 nurses employed part-time, 10 on home nursing duties, 9 on combined duties and 3 on generalised duties. On the whole the home nurses have worked very well with the general practitioners and complaints regarding their work have been very unusual.

Since the institution of an enquiry by the Newcastle Regional Hospital Board into the incidence of bed sores in former in-patients after discharge from hospital, some effort has been made to tell home nurses that such a patient is being discharged and will require special care and probably special equipment at home.

The main types of cases attended by home nurses are medical, surgical and tuberculosis cases. About 70% of the cases fall into the "medical" category. There is no night nursing service as such, although many nurses do an evening round ; such a service does not seem practicable in an area which is mainly rural.

Details of the number of patients visited and the total visits made are set out in the table below together with comparative figures for 1951, 1952 and 1953 ; it will be noted that the number of persons visited and the number of visits made has increased substantially.

	1951	1952	1953	1954
Number of persons visited	9,286	9,142	23,971	24,830
Total number of visits	200,998	212,631	219,646	224,632

These cases classified into categories are as follows :—

Type of Case	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal complications	Others	Total
Number of cases	17,420	6,437	42	732	102	97	24,830
Number of visits	159,117	49,280	147	7,973	745	7,370	224,632

Of the total patients, 3,364 were over the age of 65 at the date of the first visit and 85,048 visits were made. 5,279 visits were made on 926 children under the age of 5 at the first visit.

### Training.

Arrangements are made every two years for a small number of district nurses to attend refresher courses organised by the Queen's Institute of District Nursing and opportunities are also given for district nurses to attend one or two day courses in the adjoining County Boroughs. During 1954, five district nurses attended courses. Arrangements are also made through the Queen's Institute of District Nursing for suitable candidates to take a four or six months course of district training. In some cases recipients of health visitors scholarships undertake combined district and health visitors training under the auspices of the Queen's Institute of District Nursing.

### VACCINATION AND IMMUNISATION.

The health visitors are given the duty of stimulating the interests of parents in immunisation of the child population against diphtheria, but it is difficult to get the interest of a parent in vaccinating a child. One of the most awkward things to combat is the fact that the disappearance of diphtheria and smallpox tends to make parents careless or difficult to convince on the merits of protective measures. Arrangements are made, therefore, for the incidence of a case of suspected diphtheria to be given wide publicity. Many practitioners, though they have a financial incentive to immunise, are not maintaining their interest in this subject until a case occurs.

During 1952 the County Council approved a scheme for immunising children against whooping cough and practitioners can apply for the single antigen or for the combined diphtheria/pertussis antigen as they wish. Normally immunisation against whooping cough is desired at the age of four to six months. Arrangements for giving boosting injections of diphtheria antigen have been successfully made in urban districts. The percentage of immunised children under fifteen years is as high as 90% in certain areas. It is interesting to note that the number of notified cases of diphtheria during 1954 was 5 (none fatal) as compared with 332 cases and 12 deaths in 1939. As a matter of general comment, personal approaches to the parents by the health visitor remain the most effective agent in securing the consent of parents to the protection of their children : the unfortunate deaths of unimmunised children were given extensive publicity and many laggards changed their attitudes as a result.

A fee of 5/- is paid to medical practitioners in private practice for every notification of successful immunisation or vaccination except where sessions are organised, in which case the proper sessional fee is payable ; a record of immunisation in these latter cases is made by a member of the Council's staff. Notification in respect of successful immunisation by the combined diphtheria/pertussis antigen is made on one notification card ; the usual fee of 5/- is payable.

The table below gives the number of children within specified age groups who had, at the end of 1954, been immunised or vaccinated. Comparative figures are given for 1950, 1951, 1952 and 1953.



## DIPHTHERIA IMMUNISATION.

Year	Estimated population under 5 yrs.	Children under 5 immunised	Estimated population 5-14 yrs.	5-14 yrs. children immunised	Total est. pop. under 15 yrs.	Total children immunised under 15 yrs.
1950	31,478	13,642	51,950	24,901	83,428	38,543
1951	31,760	16,334	53,630	33,340	85,390	49,674
1952	30,900	16,425	55,900	37,869	86,800	54,294
1953	30,000	14,668	57,000	49,743	87,000	64,411
1954	30,200	16,529	57,800	54,067	88,000	70,596

It will be noted that 43% of the younger age group received immunisation in 1950, 51% in 1951, 53.2% in 1952, 48.9% in 1953 and 54.7% in 1954.

## VACCINATIONS.

Year	Vaccinations				Re-vaccinations			
	Under 1 yr.	1-14 years	15 yrs. & over	Total	Under 1 yr.	1-14 years	15 yrs. & over	Total
1950	851	434	221	1,506	34	98	424	556
1951	1,135	428	296	1,859	21	83	686	790
1952	1,360	364	296	2,020	1	95	656	752
1953	1,682	549	454	2,685	—	215	812	1,027
1954	1,705	306	223	2,234	5	218	573	796

The percentage of children vaccinated under one year of age compared with the number of live births was 14% in 1950, 18% in 1951, 23% in 1952, 27% in 1953 and 28% in 1954. This proportion is not satisfactory and further attempts are being made to increase the number of children vaccinated against smallpox. It is much better that this is done during the first year, when complications are minimal than later when various secondary conditions may supervene.

## AMBULANCE SERVICE.

The number of patients carried and the mileage travelled by ambulances operated by or in conjunction with the County Council has increased each year since the appointed day. It will be noticed from the table given at the end of this section of the report that 138,737 patients were carried as compared with 116,517 during 1953; the mileage travelled has increased from 1,271,027 miles in 1953 to 1,355,759 miles in 1954. Every effort has been made to restrict the use of the service to those who are not able to travel by public transport or for whom an adequate public service is not available. A considerable saving in mileage per patient has been effected by the co-ordination of journeys.

During the year three new Bedford-Lomas dual purpose vehicles and one new Bedford-Lomas traditional ambulance were purchased and put into service. The three dual purpose vehicles are of a new type and because of their increased seating accommodation, have been allocated to the Redcar



and Scarborough depots and the Thornaby ambulance station ; these depots and stations provide transport to and from occupation centres provided under S. 51 of the principal Act. The new dual purpose type of vehicle is fitted with two bench seats and has seating accommodation for twelve children or nine adults. The rear doors cannot be opened from inside the vehicle.

The service in the Riding at the end of the year under review was provided from (a) county depots at Scarborough and Redcar—county stations at Northallerton, Haxby, Thirsk, Malton, Richmond and county minor stations at Bainbridge, Whitby, Thornaby and Kirbymoorside ; (b) agency services controlled by the St. John Ambulance Brigade at Carlin How, Eston and Great Ayton ; (c) hospital car service arranged by the Women's Voluntary Service in Whitby, Richmond and Wensleydale areas ; and (d) customer arrangements with adjoining authorities.

The number of vehicles owned by the County Council on 31-12-1954 for ambulance service purposes was 60, an increase of 4 on the previous year.

On 5th July, 1954 a new ambulance station designed by the County Architect was opened at Richmond providing accommodation for five vehicles and having an establishment of seven men. One flat and two houses were also erected adjacent to the new ambulance station for the use of the staff. This county station supersedes the service formerly provided by the St. John Ambulance Brigade.

#### Staff.

At the end of 1954 the County Council directly employed 80 whole-time men and three "retained" men at Bainbridge. The retained staff are local men and are paid a fixed allowance of £30 per annum plus 12/- each turnout and an hourly rate for any time spent over two hours on ambulance duties.

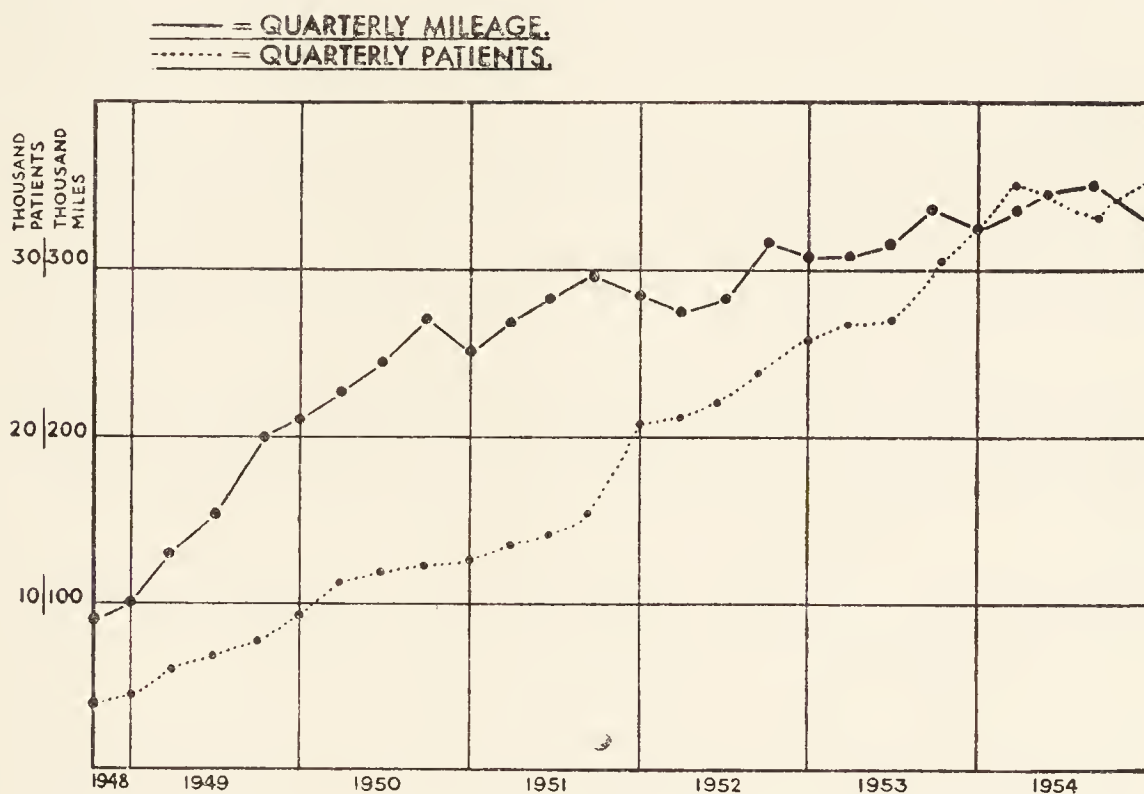
The table below gives the number of patients carried and the mileage undertaken since the appointed day.

Period	Category	County vehicles	Agency vehicles	Vehicles of other authorities	Hospital Car Service	Total
1948 (from 5 July)	Patients Carried	Details not available				7,671
	Mileage ..	do do				189,380
1949	Patients Carried ..	15,826	9,923	1,857	3,062	30,668
	Mileage ..	319,587	201,188	23,398	146,043	690,216
1950	Patients Carried ..	26,809	15,340	3,325	4,042	49,597
	Mileage ..	512,541	250,895	47,064	172,683	983,183
1951	Patients Carried ..	36,883	20,254	4,052	3,280	64,469
	Mileage ..	641,562	295,460	44,260	138,271	1,119,553
1952	Patients Carried ..	58,791	22,699	4,902	4,059	90,451
	Mileage ..	736,616	288,829	42,838	100,641	1,168,924
1953	Patients Carried ..	85,259	26,350	1,838	370	116,517
	Mileage ..	893,063	276,729	28,319	72,916	1,271,027
1954	Patients Carried ..	107,400	26,619	1,190	3,528	138,737
	Mileage ..	1,020,260	237,879	16,185	81,435	1,355,759

It is interesting to note that the mileage per patient has decreased as the service has expanded. The figures since the appointed day are as follows :—

1948 (part)	1949	1950	1951	1952	1953	1954
24.41	22.50	19.82	18.91	12.92	10.90	9.77

The improved mileage per patient is illustrated in the graph given hereunder :—



## SECTION 28. PREVENTION OF ILLNESS— CARE AND AFTER-CARE.

### (a) TUBERCULOSIS.

The proposals made by the County Council under Section 28 of the National Health Service Act, 1946 as approved by the Minister of Health provide for the carrying out of the Health Committee's functions by area sub-committees ; in fact several of the functions of the Health Committee under Section 28 are carried out by area after-care committees. These care committees are given a grant by the County Council if formally affiliated to the National Association for the prevention of Tuberculosis. The basis of the initial grant is 20/-d. per family in which a notified case of tuberculosis exists on the 1st January each year or alternatively at the rate of £10 per 1,000 population. Monetary grants cannot be made out of money voted by the County Council. Some of the care committees have shown little anxiety to expend money on the welfare of tuberculous persons and in some cases no effort has been made towards raising funds voluntarily. The service would just as well be administered directly by the area sub-committees if care committees are to remain dependent upon the County Council for



their financial resources. Care committees are established in eight out of ten health areas ; care work in the other two is carried out directly by the local health sub-committees ; the grants made during 1954 are set out later in this report.

The provision of open air shelters is dealt with centrally because of their cost and in order to solve problems of storage and economy. Extra nourishment, beds, bedding and nursing requisites can be obtained on a recommendation made by a chest physician or general practitioner to the local health office.

Materials for occupational therapy for patients discharged from sanatoria are provided through voluntary organisations, *e.g.* the British Red Cross Society, or care committees. No reasonable request for materials has ever been refused.

Each person suffering from tuberculosis can obtain on the recommendation of the chest physician one pint of extra milk per day without charge. Additional nourishment is dealt with by care committees on the recommendation of the family practitioner or of the chest physician in special cases.

Some 266 North Riding residents had been vaccinated with B.C.G. up to the end of 1953 ; a further 113 were vaccinated during 1954 by the chest physicians of the Regional Hospital Boards. B.C.G. vaccination was not carried out by whole-time officers of the County Council during the year.

Owing to the rural nature of this county and to the policy of the Regional Hospital Boards of providing chest clinics in the county boroughs in or adjacent to the Riding it has not usually been practicable to arrange for the attendance at these clinics of the health visitors in whose area the patients reside as a large percentage of the patients seen on any particular day come from other nurses' districts, or from another local health authority's area. In the Stockton-Thornaby area however a special health visitor attends all sessions of the chest clinic.

Local housing authorities have co-operated well in the matter of rehousing tuberculous families ; help is in most cases readily given by housing allocation committees. In the course of follow up some 676 home contacts of tuberculous families have been examined by the chest physicians.

It has been the practice since 1950 to reimburse care committees the amount of their approved expenditure for the previous year. During the year under review grants were made to the various committees as follows :—

Care Committee	Gross Expenditure	Income from non-C.C. sources	Net expenditure reimbursed by County Council
	£	£	£
Eston ..	325	—	325
Redcar ..	182	—	182
Guisborough ..	22	5	*17
Whitby ..	117	20	97
Ryedale ..	70	—	*70
Bulmer ..	99	11	*88
Wensleydale ..	30	24	* 6
Scarborough ..	209	5	204

\* Reimbursement not made.



(b) MENTAL ILLNESS OR DEFECTIVENESS.

Arrangements for the care and after-care of persons suffering from mental illness or defectiveness are dealt with by the Mental Health services sub-committee of the Health Committee ; see page 43 for details of the work of this standing sub-committee.

(c) OTHER TYPES OF ILLNESS.

As regards illness generally, certain items of equipment, *e.g.* special beds and mattresses, can be obtained on request from local health offices ; in addition each home nurse has access to a supply of nursing requisites which she may leave on loan in a patient's home without charge. Health visitors are being used by medical officers of health in certain areas to follow up cases of notifiable disease and to ensure that adequate nursing is available ; they are better able to give advice to parents on the prevention of further infection and the care of children than sanitary staff, particularly now that terminal disinfection has been virtually abandoned except after certain serious diseases, *e.g.* tuberculosis, typhoid fever and smallpox.

Certain care committees have raised funds to expend on the welfare of patients suffering from illnesses other than tuberculosis. Particulars of the amounts raised and the amounts expended during 1954 are given below :—

Care Committee	Amount raised	Amount expended
	£	£
Eston ..	101	*171
Redcar ..	18	3
Guisborough ..	33	3
Whitby ..	12	* 43
Ryedale ..	10	* 11
Bulmer ..	13	6
Wensleydale ..	—	—
Scarborough ..	432	*597

\*In cases where expenditure exceeds income during 1954 the balance has been taken from capital or revenue received during previous years.

(d) CONVALESCENT HOME ACCOMMODATION.

Convalescent accommodation was offered to 48 individuals in 1954 as compared to 30 in 1953, 29 in 1952 and 34 in 1951. Accommodation is found for adults and children of both sexes and is limited to a maximum stay of 4 weeks. As this service is a type of holiday-rest service for those who are "run down" care has to be exercised to guard against persons using it as a means of obtaining a holiday for little or no cost.

The following table gives details of admissions to convalescent homes through the County Council's scheme in 1954 :—

Name of Convalescent Home	Number receiving assistance				Total
	Adults		Children		
	Male	Female	Boys	Girls	
Semon Convalescent Home, Ilkley..	1	1	—	—	2
Blackburn Convalescent Home, St. Annes-on-Sea .. ..	7	10	—	—	17
Hunstanton Convalescent Home, Hunstanton .. ..	—	1	3	3	7
West Hill Convalescent Home, Southport .. ..	3	17	—	—	20
Shoreston Hall, Seahouses ..	1	—	—	—	1
Childrens Convalescent Home, West Kirby, Cheshire	—	—	—	1	1

#### PROTECTION OF CHILDREN FROM TUBERCULOSIS.

During 1954 thirty employees of the Children's Committee were surveyed in connection with their work or proposed employment in close contact with groups of children ; the cost is charged to Section 28 of the National Health Service Act, 1946. Some of these examinations are carried out by the Mass Radiography Service when surveys are being held in a suitable locality ; in other cases arrangements are made with a private radiologist.

In addition to the above, 53 persons employed by the Education Committee and 194 applicants for admission to a teachers' training college were x-rayed. The co-operation of the medical and technical staff of the mass miniature radiography units has been much appreciated. I am particularly indebted to Dr. G. Walker, the chest physician to the Northallerton area, for his helpful advice in doubtful cases.

#### HEALTH EDUCATION.

Advice on personal and environmental hygiene is freely given by health visitors employed in the County Council's service to mothers with children under school age and to families in which a clinical case of tuberculosis has occurred ; generally the advice is welcomed and accepted. Advice is also given on health matters at infant welfare centres, ante-natal and post-natal clinics, both orally and by means of pamphlets. Chest physicians, too, are

expected to cover the problem of prevention of infection in their discussions with patients and their relatives ; they also remind practitioners of this aspect of dealing with tuberculous persons in making recommendations in individual cases. Members of the medical staff have also given talks in their own areas in the capacity as local M.O.H. ; the three county health inspectors have systematically dealt with the peculiar problems of food handling in talks given to employees in the schools meals service.

### **DOMESTIC HELP SERVICE.**

The domestic help service continues to expand. In 1947, 46 families were given help by 45 part-time helpers as compared with 559 families in 1952, 581 families in 1953, and 681 families in 1954. In 1953 the number of helpers employed by the County Council was 22 whole-time and 74 part-time ; in 1954 the corresponding numbers were 20 whole-time and 108 part-time employees. It has been found desirable in rural areas to employ part-time domestic helps in order to avoid waste of working time. In urban areas it is desirable that a proportion of the helps employed should be whole-time, partly because there is plenty of work for them to do and partly to encourage them to stay in the employment of the County Council. The Finance Committee agreed to permanent whole-time domestic helps being given " established " status with superannuation and other benefits, as in the case of the nursing staff. This was necessary in order to retain helpers during the summer months in those towns where accommodation for summer visitors is a major industry.

There is no training scheme for domestic helps. The part-time helps are selected for the most part by health visitors from their local knowledge. No permanent domestic help is appointed save after full enquiry ; each is interviewed by and appointed by an area sub-committee. Admission to the superannuation scheme is dependent upon a medical examination among other requirements.

The County Council's proposals under the National Health Service Act, 1946, provide for the employment of the equivalent of 80 full-time workers either in a whole-time or part-time capacity for the purpose of providing domestic help for those in need. Priority is given (i) to women having a domiciliary confinement, (ii) to persons requiring help because of sickness or pregnancy of the housewife or her absence in hospital, (iii) to other cases of acute illness particularly of children, where there is a number of healthy children to be cared for, and thereafter (iv) to aged persons or chronic sick persons who are unable to obtain admission to hospital. The other categories as defined by the section of the Act are then considered.



At the end of the year under review, the standard charge to persons obtaining domestic help was 3/-d. per hour, having been reduced by the Health Committee with effect from 1-10-54 ; recovery of whole or part of the cost of providing the service from the person receiving domestic help is assessed according to a scale of assessment. The table below gives the number of helps employed, the hours worked, the number who received help and the number who paid the standard charge in each of the ten health area of the Riding.

Area	Domestic Helps			Recipients of Domestic Help	
	Employed or registered at end of year		Hours worked	No. who received help	No. who paid standard charge
	Whole-time	Part-time			
Thornaby ..	3	4	12,180	60	2
Eston ..	1	14	23,977	124	3
Redcar ..	3	4	11,398	88	12
Guisborough ..	6	2	13,386	54	3
Whitby ..	1	5	5,921	32	1
Ryedale ..	—	24	12,433	54	1
Bulmer ..	—	16	8,342	60	1
Wensleydale ..	—	18	14,271	45	2
Richmond ..	—	20	13,123	60	4
Scarborough ..	6	1	11,816	104	7
Totals ..	20	108	126,847	681	36

## MENTAL HEALTH SERVICES OF THE AUTHORITY.

During the year the County Council continued its scheme for training mental health workers. The outside staff engaged on work under the Mental Deficiency Acts on 1st January 1954 consisted of two whole-time mental health workers, one part-time worker and two trainees. One of the trainee mental health workers resigned in March, 1954 and the part-timer retired in September, 1954. The workers' areas were reorganised and these vacancies have not been filled. The experienced mental health workers are authorised to act for the Local Health Authority under the Mental Deficiency Acts ; all the routine and statutory visits under the Mental Deficiency Acts, apart from those required to be performed by a registered medical practitioner are carried out by them. These officers have also supervised and reported upon defectives on licence and holiday leave when requested to do so by the superintendents of mental deficiency hospitals.

Psychiatrists employed by the Leeds and Newcastle-upon-Tyne Regional Hospital Boards and the medical superintendent of a specialised unit for mental defectives have again been available for consultations and advice ; these have been much appreciated by family practitioners and by the staff of the authority.

The shortage of hospital beds mentioned in my last report affects both Regional Hospital Board areas ; it is so acute that at times it causes real anxiety. Many defectives who should be admitted to an institution have to be cared for at home, in many cases in unsuitable home conditions, causing distress and, in many cases exasperation to the whole family group. At times it is even impossible to obtain vacancies for delinquent defectives in respect of whom court orders have been made. In several cases the court has directed the Local Health Authority to present a petition under the Mental Deficiency Acts, but it has been impossible to do so in the absence of accommodation.

### Mental Deficiency.

#### (i) Defectives in Regional Hospital Board Hospitals on 31st December, 1954 :—

				Total
Under 16 years of age	..	30 males	29 females ..	59
Over 16 years of age	..	201 males	217 females ..	418

#### (ii) On Licence from Institutions :—

27 males	19 females ..	46
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#### (iii) In Rampton and other State Institutions

13 males	4 females ..	17
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#### (iv) Under Guardianship .. 3 males 3 females .. 6

The following table shews the number of admissions and discharges from institutions together with the number of defectives who have died in institutions during the years 1951, 1952, 1953 and 1954 :—

Year	Admitted		Discharged		Deaths	
	M.	F.	M.	F.	M.	F.
1951	12	14	6	4	3	1
1952	7	22	3	5	4	2
1953	18	16	2	3	4	4
1954	26	7	2	5	2	1

### Analysis of Cases.

(a) Number of defectives first notified to the local health authority during 1954 :—

			M.	F.
(i)	Under Section 57 (3) Education Act, 1944	..	23	13
(ii)	Under Section 57 (5) Education Act, 1944	..	11	2
(iii)	Other sources, subject to be dealt with	..	20	18
(iv)	Reported but not ascertained on 31-12-54	..	3	1

(b) Disposal of new cases reported during the year ..

(i)	Admitted to Institutions	..	9	—
(ii)	Placed under guardianship	..	—	—
(iii)	Taken to “ places of safety ”	..	—	—
(iv)	Placed under statutory supervision	..	45	33
(v)	Placed under voluntary supervision	..	2	1
(vi)	Action not yet taken	..	1	—

(c) Number of Defectives on Register at 31st December, 1954

(i)	In institutions (including those on licence therefrom)	..	249	246
(ii)	Under guardianship	..	4	3
(iii)	In “ place of safety ”	..	—	—
(iv)	Under statutory supervision	..	198	183
(v)	Number of persons who are not “ Subject to be dealt with ” but under some degree of supervision	..	45	43

(d) Number of defectives awaiting institutional care on 31st December, 1954 ..

	..	32	27
--	----	----	----

(e) Number of defectives receiving day training .. 36 39

(f) Number of effective visits made by mental health workers .. 2,483

During the year eight defectives were admitted to hospitals under the control of the regional hospital Boards under the provisions of Ministry of Health Circular 5/52 ; no additional expenditure for accommodation has been incurred by the authority.



## Occupation Centres and Classes.

### (a) ALDERMAN COCKERILL OCCUPATION CENTRE—SCARBOROUGH.

The names of 18 children were on the roll at the end of the year. Transport to the centre is provided by the county ambulance service. Most of the defectives attended regularly, the percentage attendance over the year being 84%. This was slightly less than in 1953 but can probably be accounted for by the very severe winter. A mid-day meal is provided through the school meals service at a daily cost of 9d. to the parents ; meals are provided free in approved cases. The centre was visited during the year by an inspector of the Board of Control and a satisfactory report was received. Medical inspections of the children are carried out as a matter of routine.

The Scarborough Branch of the National Association of Parents of Backward Children continued to hold their meetings at the Centre during the year.

### (b) CLEVELAND OCCUPATION CENTRE.

This centre was opened on 1-7-1953 with accommodation for 32 defectives. These places were immediately allocated and by the end of the year there was a waiting list of some 20 parents who wished their children to attend. The County Council agreed to extend the centre and it was hoped that accommodation for some 25 additional children would be available during the last quarter of 1954. Unfortunately this was not possible but a start was made on the extension in November 1954 and was available early in 1955.

There was a good attendance during the year, the percentage being 84%. A mid-day meal is provided in the same way as at Scarborough. Transport is similarly provided by means of the County ambulance service and private hire cars.

### (c) CLASS AT WHITBY.

This class, started in 1953 at the Grape Lane clinic continued during the year. The class is held on three half days each week under the supervision and instruction of a mental health worker who holds an occupation centre supervisor's certificate. The number of defectives in attendance in December, 1954, was 8.

### (d) OCCUPATION CENTRES CONTROLLED BY OTHER AUTHORITIES.

The Council continued to send defective children living adjacent to the Middlesbrough and York boundaries to occupation centres controlled by these authorities : six North Riding children attend the Middlesbrough centre and five the York centre. During the year the possibility of sending children to Darlington occupation centre was explored and the Council have come to agreement with this authority ; it has been possible to arrange for two children to commence attendance early during 1955.

### Mental Illness.

Duties in connection with mental illness are performed by nine duly authorised officers who are also engaged in duties as district welfare officers (25% of each salary is allocated to mental health). During 1954 these officers made 977 visits in connection with statutory duties under the Lunacy and Mental Treatment Acts. A small number of after-care visits to patients were also made at the request of various consultants. In addition, mental health workers have carried out home visits to discharged patients in suitable circumstances.

### Lunacy and Mental Treatment Statistics.

Visits made in connection with the care and after care of patients (excluding those necessary for admission to hospital) .. .. . 854

Patients admitted to hospital.

			1951	1952	1953	1954
			<hr/>	<hr/>	<hr/>	<hr/>
(i)	Voluntary	.. ..	330	374	384	427
(ii)	Certified	.. ..	101	132	160	157
(iii)	Temporary	.. ..	24	17	10	7
(iv)	Section 20 cases	.. ..	78	77	84	69
(v)	Urgency orders	.. ..	9	14	13	20

### PUBLIC HEALTH ACT, 1936 (NURSING HOMES).

The number of nursing homes registered at the end of 1954 was 14 as compared with 13 in 1953. Any premises which are the subject of an application for registration are inspected and reported upon by a medical officer ; after registration, nursing homes are supervised and inspected by officers of the medical department. There were two new registrations in 1954. One certificate of registration was surrendered voluntarily owing to the discontinuance of the use of the premises for the purpose of a nursing home.

The number of beds provided in these nursing homes at the end of 1954 was 161 (maternity 20 ; others 141).

### BLIND PERSONS.

The number of persons whose names were on the register of blind persons at 31st December, 1954, was 813, of these 82 (27 males, 55 females) were ascertained on Form B.D. 8 during 1954.

The numbers of registered blind persons for whom operative treatment for cataract or glaucoma had been recommended since 1934 are 71 and 1 respectively ; only 27 had received the operation (6 in 1954) ; 14 refused operation mainly because of age or ill-health ; 13 refused operation for other reasons ; 4 are presumed to have received operative treatment ; 3 were ultimately advised by an eye specialist against an operation ; and 10 others had not been operated on at the end of the year under review for reasons unknown.

Fifteen cases of cataract for whom operative treatment was recommended were registered during 1954. Six were actually operated on ; two refused, one died before the operation could be performed and six others had not been surgically treated at the end of the year under review.

TUBERCULOSIS.

New Cases.

The number of notifications of all forms of tuberculosis received in 1954 was 233 as compared with 266 in 1953.

Table I shows the number of new notifications during the last eleven years :

TABLE I.

Year	Total	Pulmonary	Non-Pulmonary
1944	318	210	108
1945	260	164	96
1946	256	173	83
1947	262	200	62
1948	331	243	88
1949	280	213	67
1950	267	224	43
1951	298	250	48
1952	224	188	36
1953	266	231	35
1954	233	202	31

Table II shows the number of primary notifications of new cases of tuberculosis in age and sex groupings and Table III the age and sex distribution of new cases notified and deaths during the year.

TABLE II.  
Formal Notification.

Age-Periods	Number of Primary Notifications of new cases of tuberculosis													
	Under 1 year	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65—	75—	Total (all ages)
Pulmonary—														
Males ..	3	—	3	6	4	13	11	28	13	21	16	7	—	125
Females ..	1	1	3	5	3	18	8	22	8	2	3	2	1	77
Non-														
Pulmonary														
Males ..	—	1	1	3	2	—	—	—	—	3	—	—	—	10
Females ..	—	1	1	4	2	1	3	5	2	—	1	1	—	21

TABLE III.

Age Periods	NEW CASES NOTIFIED.				DEATHS			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	M.	F.	M.	F.	M.	F.	M.	F.
0- ..	3	1	—	—	—	—	1	—
1- ..	3	4	2	2	—	—	1	—
5- ..	10	8	5	6	—	—	—	—
15- ..	65	56	—	11	2	12	1	1
45- ..	37	5	3	1	13	3	4	1
65- ..	7	3	—	1	5	4	—	2



In Table IV the distribution of new cases by district with comparative figures for the five preceding years is given : the deaths from tuberculosis are similarly set out in Table 5 at the end of this report

TABLE IV.

District.	1949		1950		1951		1952		1953		1954
	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.	Non-Pul.	Pul.
<b>URBAN DISTRICTS.</b>											
1. Eston .. ..	45	10	31	2	42	—	47	4	47	5	21
2. Guisborough ..	3	2	4	3	7	—	1	—	—	—	3
3. Loftus .. ..	4	10	7	3	4	—	2	1	—	—	1
4. Malton .. ..	2	—	—	—	—	—	1	—	—	—	1
5. Northallerton ..	3	—	—	—	3	—	—	1	6	1	4
6. Pickering .. ..	2	1	—	—	2	—	—	—	—	—	—
7. Redcar .. ..	14	4	21	1	17	5	28	7	35	7	20
8. Richmond .. ..	1	3	2	—	8	—	5	—	4	—	4
9. Saltburn .. ..	7	—	9	2	7	1	7	—	3	2	4
10. Scalby .. ..	4	—	4	1	6	—	1	—	2	—	2
11. Scarborough ..	29	2	25	—	23	2	13	—	29	4	17
12. Skelton & Brotton	8	5	14	3	5	2	—	1	—	—	11
13. Thornaby-on-Tees	22	3	30	4	28	2	6	2	27	2	28
14. Whitby .. ..	2	4	1	6	12	5	5	1	—	—	3
Total Urban ..	146	44	148	25	164	17	116	17	153	21	119
<b>RURAL DISTRICTS.</b>											
1. Aysgarth .. ..	3	—	—	—	2	2	2	—	5	—	1
2. Bedale .. ..	2	—	2	—	1	—	—	1	5	—	3
3. Croft .. ..	—	—	—	—	—	—	—	—	—	—	2
4. Easingwold .. ..	3	—	14	1	25	3	3	2	7	—	5
5. Flaxton .. ..	9	9	11	2	8	2	15	3	7	4	6
6. Helmsley .. ..	2	—	3	1	1	1	—	1	—	—	2
7. Kirbymoorside ..	1	1	2	—	—	—	—	—	2	1	2
8. Leyburn .. ..	4	2	1	1	6	1	4	—	2	—	7
9. Malton .. ..	—	—	1	1	1	1	1	1	1	—	3
10. Masham .. ..	—	—	—	—	—	—	—	—	—	—	—
11. Northallerton ..	7	2	—	—	8	—	1	1	4	1	3
12. Pickering .. ..	—	—	1	—	1	—	2	—	1	—	2
13. Reeth .. ..	2	—	1	1	—	—	1	2	—	2	2
14. Richmond .. ..	10	3	12	1	10	1	14	1	15	3	16
15. Scarborough ..	4	—	4	—	4	2	1	—	3	1	1
16. Startforth .. ..	—	—	1	1	—	1	2	—	—	—	2
17. Stokesley .. ..	10	2	11	3	8	5	17	3	17	2	10
18. Thirsk .. ..	4	1	5	2	8	1	7	2	7	1	10
19. Wath .. ..	—	—	1	—	1	—	—	—	1	—	—
20. Whitby .. ..	6	3	6	4	2	11	2	2	1	—	6
Total Rural ..	67	23	76	18	86	31	72	19	78	14	83
Administrative County	213	67	224	43	250	48	188	36	231	35	202

### Deaths and Death Rate.

50 deaths were ascribed to tuberculosis in 1954 as compared with 59 in 1953 and 69 in 1952.

Table V which follows shows the mortality from pulmonary and non-pulmonary tuberculosis over the last six years and gives the corresponding figures for England Wales.

TABLE V.

#### Deaths from Pulmonary Tuberculosis.

			1949	1950	1951	1952	1953	1954
No. of deaths	..	..	127	104	70	60	42	39
Rate per 1,000 population	..	..	0.36	0.28	0.18	0.16	0.11	0.10

#### Deaths from Non-Pulmonary Tuberculosis.

			1949	1950	1951	1952	1953	1954
No. of deaths	..	..	20	13	16	9	17	11
Rate per 1,000 population	..	..	0.06	0.03	0.04	0.02	0.04	0.03

The death rates in England and Wales were :—

Pulmonary tuberculosis	..	..	.403	.321	.275	.212	.179	.160
Non-Pulmonary tuberculosis	..	..	.054	.043	.041	.028	.022	.019

The whole-time and part-time nursing staff of the Riding made 4,380 visits in connection with the after-care of tuberculous persons.

During 1952 the Public Health (Tuberculosis) Regulations, 1930, were revoked ; these were replaced by the Public Health (Tuberculosis) Regulations 1952. The new Regulations no longer require medical officers of health to keep a register of tuberculosis notifications, but the Minister of Health expressed the view that they should continue to do so.

The requirement in the 1930 Regulations for providing information of a tuberculosis patient entering or leaving a sanatorium or hospital is omitted from the present Regulations. The Minister has, however, asked Hospital Boards and Committees to ensure that this information (as for any patient with a notifiable disease) is sent by the institution staff concerned to the medical officer of health of the district to which the patient belongs.

The Minister recognises that local health authorities in fulfilling their responsibility under Section 28 of the National Health Service Act also need to receive every help from the hospital services, especially from physicians in charge of chest clinics, and in particular that medical officers of health should have access to clinic records. He has asked regional hospital boards to see that this help is everywhere forthcoming and to impress on those in charge of chest clinics that it is their duty to provide a medical officer of health with any information he may reasonably require for this purpose. Boards have also been urged to see that chest physicians concern themselves fully with the preventive and after-care aspects of tuberculosis and treat these as being as important as their clinical duties.



Contacts of cases of tuberculosis are examined by the chest physicians. This also applies in those cases where tuberculosis is not ascertained until the death of the patient. In the County area during 1954, 676 contacts were examined as compared with 202 notified cases of pulmonary disease. The corresponding figures for 1953 were 797 and 231 respectively.

There is no specific county-wide scheme for ascertaining early cases amongst children and others. Some are detected by the mass radiography service ; others are referred to chest physicians by general practitioners ; they are then kept under supervision and if necessary admitted to hospital. Mass radiography surveys are helpful but are only held at infrequent intervals in certain of the more populated parts of the Riding. It is not practicable to arrange for mass radiography in the more rural parts of the administrative Riding.

Many cases of tuberculosis after reaching a stage of quiescence return to their former employment. If that is entirely unsuitable the case is referred to the Ministry of Labour Resettlement Officer with a view to finding more suitable employment. Close contact is maintained between chest physicians and Disablement Resettlement Officers.

### **PREVALENCE OF INFECTIOUS DISEASES.**

The number of infectious diseases notified to the local medical officer of health of the several sanitary districts during 1954 is given in table 7 at the end of this report. There were only five notified cases of diphtheria during the year : none of these died.

The Public Health (Infectious Diseases) Regulations, 1953, which came into operation on the 1st April, 1953, superseded the Public Health (Infectious Diseases) Regulations, 1927 and the Infectious Diseases (London) Regulations, 1927.

In their general substance and form, the new regulations are similar to the old ; that is to say, they require notification of malaria, dysentery, acute primary pneumonia and acute influenzal pneumonia, and provide for preventive steps to be taken against a spread of certain diseases specified in the fourth schedule to the regulations. The provisions about action to be taken by local authorities and medical officers of health against the risk of food poisoning applied under the old regulations to enteric fever and dysentery. They now apply to " typhoid fever, para-typhoid fever and other salmonella infections, dysentery and staphylococcal infection likely to cause food poisoning." The new regulations provide for action to be taken, not only as regards a person suffering from the disease in question, but also a person shown to be a carrier of the disease ; and a person in either class may now be prevented, not only from continuing to work in an occupation connected with food or drink, but also from entering such an occupation.



### VENEREAL DISEASES.

The following table gives the summary of the first attendances made by North Riding patients at the hospital named during the years 1945 to 1954 :—

Treatment Centre.	Number of North Riding patients treated for the first time.									
	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954
Darlington General Hospital ..	61	84	52	53	39	55	30	24	23	41
Harrogate General Hospital ..	11	5	8	6	6	11	1	1	2	9
Leeds General Infirmary ..	4	4	3	1	2	6	8	2	8	1
Middlesbrough General Hospital ..	181	288	212	145	167	159	121	112	100	105
Scarborough Hospital	195	181	162	110	108	95	52	74	54	37
Stockton & Thornaby Hospital ..	71	98	72	66	48	33	25	33	26	17
York County Hospital	49	90	51	68	44	27	27	30	41	27
South Shields ..	—	—	—	—	—	—	—	—	4	—
Totals ..	572	750	560	454	414	386	264	276	258	237

### LABORATORY FACILITIES.

A comprehensive service is available at the two laboratories of the Public Health Laboratory Service that have been established at Northallerton and Middlesbrough. In addition to undertaking the examination of specimens the directors of the laboratories can help when required in epidemiological field work in co-operation with medical officers of health. The Middlesbrough laboratory serves Durham, in addition to the Tees-side, Guisborough and Whitby area of the North Riding. The Northallerton laboratory serves the remainder of the Riding, except for the Scarborough area which relies on a similar laboratory at Hull and to a lesser degree on a clinical laboratory at the Scarborough Hospital for this service.

The Northallerton laboratory is also a main distributing centre for diphtheria prophylactics and vaccine lymph for immunising persons against diphtheria and smallpox respectively.

The Public Health Laboratory Service is concerned with laboratory aspects of public health and was constituted by the National Health Service Act as an organization separated from the hospital services controlled by the Regional Boards. Central reference laboratories on particular public health problems have been set up and the facilities of these laboratories are available to the whole country through the branch laboratories of the service. In the North Riding, two public health laboratories, though not controlled by the Regional Hospital Boards, are situated by arrangement alongside the hospital clinical laboratories at the Friarage Hospital, Northallerton, and the General Hospital, Middlesbrough. As a result of this, a most valuable integration of laboratory aspects of preventive and clinical medicine has been possible.

### SANITARY CIRCUMSTANCES.

Statistical summary of the work carried out during the year by the county health inspectors:—

Visits in relation to water supply	..	..	..	93
Water samples taken for examination	..	..	..	452
Visits in connection with works of sewerage and sewage disposal	..	..	..	179
Inspections of pasteurising plant and dairies	..	..	..	267
Pasteurised milk samples taken at pasteurising dairies	..	..	..	575
Bottle rinse test samples from pasteurising dairies	..	..	..	558
Visits to school premises for sampling and school hygiene inspections	..	..	..	1,073
School milk samples taken	..	..	..	1,017
Milk samples taken under Sec. 8 Food & Drugs (Milk, Dairies and Artificial Cream) Act 1950	..	..	..	373
Milk samples taken in Specified Areas	..	..	..	149
Housing inspections	..	..	..	173
Refuse disposal—inspections of tips	..	..	..	57
Ministry meetings or Inquiries attended	..	..	..	19

It is gratifying to record a friendly spirit of co-operation throughout the year in all those spheres where co-ordination with the sanitary officers of the county districts is important.

### HOUSING.

During the year, the construction of new houses has progressed steadily but has ceased to be the main object of attention in many areas, having been replaced by problems of slum clearance, and reconstruction and repair of existing dwellings. In the rural areas, emphasis is mainly on the repair of individual properties ; the standards of fitness suggested in the Report of the Technical Sub-Committee of the North Riding Rural Housing Advisory Committee have been helpful in obtaining a measure of standardisation throughout the area and it was hoped that new legislation would consolidate the basic requirements of fitness for human habitation. The major enactment during the year was the Housing Repairs and Rents Act 1954 ; this Act listed eight items for consideration when reviewing standards of fitness, namely : repair, stability, freedom from damp, natural lighting, ventilation, water supply, drainage and sanitary conveniences and facilities for storage, preparation and cooking of food and for the disposal of waste water. These items are fewer and in less detail than those given in Ministry of Housing and Local Government Circular 36/54 dated 20th April, 1954, as a condition of grant under Part II of the Housing Act 1949 ; over-simplification of the conditions in the Housing Repairs and Rents Act 1954 appears to have increased the difficulties of local authorities,—particularly in rural areas—of interpreting the legislation and achieving a comparative standard throughout the Riding.



Reference to the following table of housing statistics shows that the number of houses unfit in all respects are comparatively few, being only ·66% of the total number of houses in the area ; the majority are placed in the categories—(2) having only minor defects, and (3) requiring repairs or structural alterations. It may well be that with the restricted terminology of the fitness standards in the Housing Repairs and Rents Act 1954 these figures will be markedly reduced. There is every probability of a wide divergence in standards between new houses and re-conditioned houses unless more explanatory memoranda are made available as to the interpretation of the Act.

County Councils are not housing authorities under the Housing Acts but are required by Section 88 of the Housing Act 1936 to have constant regard to the housing conditions in their administrative area ; they also make financial contributions in connection with housing to district councils. At the request of certain rural district councils who were experiencing difficulty in carrying out their rural housing survey, the Health Committee agreed to assistance being given by the county health inspectors ; this assistance was limited by reason of existing commitments, and some curtailment of routine duties was necessary for a period.

#### **Housing (Rural Workers) Acts 1926—1942.**

Signed statements have been obtained during the year from the owners of houses subject to grants under these Acts as to the occupations of the tenants and the rents charged for the houses. The particulars have been checked in certain cases.

Applications were received from the owners to repay the grants in the case of ten cottages, and with the consent of the Minister of Housing and Local Government repayment was made.

In one case where there had been a breach of the conditions of the grant with regard to the maximum rent of a cottage, the County Council agreed to waive the liability to make repayment and the Minister of Housing and Local Government agreed.

#### **Housing (Financial and Miscellaneous Provisions) Act, 1946.**

Under Section 8 of the Act annual contributions for 60 years continue to be made to County District Councils where the Minister of Housing and Local Government has approved of contributions under section 3 being made for houses provided for the agricultural population.



DISTRICT	Total Number of houses in district	Number inspected during year	Number found to be satisfactory in all respects	Number with minor defects only	Number requiring repairs or structural alterations
A.—URBAN					
1. Eston .. ..	9,508	1,305	—	1,239	10
2. Guisborough ..	2,865	200	—	156	43
3. Loftus .. ..	2,583	50	20	15	15
4. Malton .. ..	1,306	390	200	120	42
5. Northallerton ..	1,985	85	—	—	81
6. Pickering ..	1,391	34	—	23	2
7. Redcar .. ..	8,419	242	36	41	389
8. Richmond ..	1,706	206	54	140	8
9. Saltburn and Marske	3,107	53	—	14	39
10. Scalby .. ..	2,238	120	109	7	4
11. Scarborough ..	14,016	280	—	—	146
12. Skelton and Brotton	4,063	965	486	417	479
13. Thornaby-on-Tees	6,302	536	148	68	94
14. Whitby .. ..	3,839	50	—	—	—
Total Urban ..	63,328	4,516	1,053	2,240	1,352
B.—RURAL.					
1. Aysgarth .. ..	1,241	118	14	34	54
2. Bedale .. ..	2,120	25	—	1	5
3. Croft .. ..	727	300	93	173	211
4. Easingwold ..	3,093	223	172	38	8
5. Flaxton .. ..	6,012	54	—	5	5
6. Helmsley ..	1,405	5	—	3	2
7. Kirbymoorside ..	1,430	—	—	—	—
8. Leyburn .. ..	1,836	355	163	61	105
9. Malton .. ..	1,772	51	14	1	14
10. Masham .. ..	638	43	38	5	—
11. Northallerton ..	2,736	48	5	10	3
12. Pickering ..	1,297	54	30	4	17
13. Reeth .. ..	933	265	11	79	170
14. Richmond ..	3,119	209	34	77	65
15. Scarborough ..	2,538	133	62	26	10
16. Startforth ..	850	175	29	61	85
17. Stokesley ..	5,811	45	—	—	26
18. Thirsk .. ..	3,880	177	82	—	35
19. Wath .. ..	642	136	155	127	209
20. Whitby .. ..	4,375	375	67	25	214
Total Rural ..	46,455	2,791	969	730	1,238
Administrative County ..	109,783	7,307	2,022	2,970	2,590

Number suitable for improvement under Housing Acts	Number unfit in all respects	Number of Houses erected		Housing Act, 1949. Sec. 20.			
		By Local Authority	By Private Persons	Number of appli- cations received	Number of Grants made	Number of Grants refused	Number of Grants pending
5	56	288	14	8	3	3	2
—	1	89	1	6	6	—	—
—	—	48	2	—	—	—	—
42	28	8	7	3	3	—	—
4	—	32	12	4	4	—	—
4	5	10	8	2	2	—	—
389	3	100	24	—	—	—	—
1	3	12	8	1	—	—	1
—	4	100	28	2	—	2	—
—	—	8	21	3	1	2	—
122	12	278	61	113	74	10	33
—	—	46	12	11	10	1	—
80	226	74	13	32	27	—	5
—	50	98	16	4	1	3	—
647	388	1,191	227	189	131	21	41
19	16	11	—	—	—	—	—
5	9	16	7	4	4	—	—
77	121	—	—	3	3	—	—
9	5	55	9	17	3	3	11
24	20	57	225	24	4	19	1
—	—	12	6	4	3	1	—
—	—	22	4	18	16	2	—
—	26	15	9	4	4	—	—
5	17	10	—	30	27	—	3
—	—	—	—	—	—	—	—
20	10	20	26	33	16	15	2
17	3	19	10	14	14	—	—
42	5	—	—	6	—	6	—
4	33	156	4	9	9	—	—
25	10	2	29	10	2	4	4
146	—	—	2	—	—	—	—
30	3	74	76	21	18	1	5
55	4	74	8	55	54	1	—
—	89	6	1	8	7	1	—
20	69	10	17	17	13	2	2
498	340	559	433	277	197	55	28
1,145	728	1,750	660	466	328	76	69

A satisfactory feature of work on housing during the year has been the increased use of grants under Sec. 20 of the Housing Act 1949 ; it is apparent that the public are overcoming their fears of controls and conditions which reacted against effective operation of the Act when introduced ; similarly, many local authorities are realising that it has economic advantages to the community as well as to the property owner.

### WATER SUPPLIES.

Thirteen schemes for the provision of water supplies or improvements to existing supplies were submitted during the year by statutory water undertakers, *i.e.* local authorities or Water Boards. All schemes were examined by the county health inspectors and when necessary, by the county consulting engineers, in order that their suitability for the areas concerned in relation to purity, adequacy and coverage could be assessed. Brief details of the schemes, estimated costs and areas concerned are given below :—

Authority	Date submitted	Object	Estimated cost
Guisborough U.D.C...	9-11-54	Extension of Tees Valley Water Board to serve Guisborough, Hutton Lowcross, Pinchinthorpe and Newton.	£ 90,510
Easingwold R.D.C. ..	26-3-54	Scheme to augment supply to Helperby and Brafferton.	4,166
Pickering R.D.C. ..	17-3-54	Extension of main to improve supplies to Middleton, Aislaby and Wrelton.	2,363
do ..	25-5-54	Improvement of supplies to Cropton and Cawthorn.	13,563
do ..	17-11-54	Improvement of supplies to Parish of Marishes.	6,611
Scarborough R.D.C. ..	25-3-54	Improvements to Brompton supply	1,773
do ..	20-7-54	Ayton Water Undertaking—use of Thornton Varley spring.	295
Startforth R.D.C. ..	25-3-54	Supply to Ovington from Tees Valley Water Board.	5,960
Thirsk R.D.C. ..	26-8-54	Proposed water supply to Thirlby	6,624
Wath R.D.C. ..	20-2-54	Revised scheme for supplying Baldersby St. James and Rainton	5,700
Whitby R.D.C. ..	15-5-54	Bay Ness Reservoir—Robin Hood's Bay—Improvements and mains extension.	3,600
do ..	7-9-54	Water mains improvements—Sandsend.	3,475
Ryedale Water Board..	25-6-54	Extension of Board's district to serve Pickering U.D., Pickering R.D. and Scarborough R.D.	120,072



Two of the major schemes in the foregoing list involve extensions of supplies from Regional Water Boards mains, namely, an extension of the Tees Valley Water Board's mains to supply Guisborough urban district and an extension of the Ryedale Water Board's mains to supply a further area of Pickering rural district and provide for future supplies to Scarborough rural district and part of Pickering urban district.

As the north-eastern area of the Riding is largely covered by regional supplies from the Tees Valley Water Board, the Cleveland Water Company and the sub-regional scheme of the Whitby R.D.C., particular interest centred on the proposed extension of the Ryedale Water Board which already serves six rural areas and one urban area. The inclusion of Scarborough rural district and Pickering urban district in the Board's supply area would have completed the regional supply area so far as rural areas were concerned leaving only Scalby urban and Scarborough Borough which could, if necessary, have interconnection of mains with the Board for emergency purposes. The extension of the Ryedale Water Board's supply eastwards was proposed at the request of the Pickering R.D.C. and as there appeared to be obvious advantages in carrying out the extension in its entirety, *i.e.* to serve, in addition, Pickering urban district and Scarborough rural district, observations to this effect were made when the scheme was submitted to the County Council : Subsequently a meeting between representatives of the county council, Pickering U.D.C. and Scarborough R.D.C. was held to discuss the project ; the proposals are in abeyance pending consideration by the Pickering U.D.C. and Scarborough R.D.C. of alternative sources of supply and comparative costs of development.

In the western dales the land configuration and the need to afford supplies for agricultural purposes to hill farms makes the supply of water on a regional basis difficult and expensive ; however, progress has been made with semi-regional schemes within restricted areas of supply. Aysgarth R.D.C. have provided the Addleborough Regional Scheme, Leyburn R.D.C. the Sowden Beck Scheme, Richmond R.D.C. are developing the Crumma Scheme and Reeth R.D.C. have a regional scheme under consideration.

The following statement gives details and the present position of all water supply schemes submitted by local authorities to the County Council since the passing of the Rural Water Supplies and Sewerage Act, 1944 :—

## Rural Water Supplies and Sewerage Acts, 1944-1955.

## Water Supply Schemes submitted by District Councils.

(INFORMATION COMPILED—SEPTEMBER, 1955).

District	Scheme	Date submitted to County Council
GUISBOROUGH U.D.	Upleatham .. .. .	April, 1949
	Yearby .. .. .	April, 1949
	Guisborough .. .. .	June, 1949
LOFTUS U.D.	Hutton Lowcross, Pinchinthorpe and Newton ..	Nov., 1954
	Easington and Streethouses—proposed temporary supply.	Feb., 1950
MALTON U.D.	Mains extensions to serve two farms and six agricultural dwellings.	April, 1951
NORTHALLERTON U.D.	Extension of water mains—Parish of Romanby ..	Jan., 1953
	Extension of water mains—Parish of Brompton ..	Jan., 1953
	Extension of water mains along Thirsk Road, Northallerton.	Mar., 1955
SCALBY U.D.	Water treatment plant at Scalby Nabs ..	Mar., 1948
SKELTON & BROTTON U.D.	Moorsholm .. .. .	May, 1945
AYSGARTH R.D.	Addleborough Sub-Regional water supply scheme	
	Parishes of	
	Aysgarth and Thornton Rust .. .. .	July, 1946
	Thornton Rust (including reservoir) .. .. .	July, 1946
	Bainbridge .. .. .	July, 1946
	Askrigg to Bowbridge .. .. .	July, 1946
	Thornton Rust to Woodhall .. .. .	July, 1946
	Sedbusk, Simonstone, High Shaw, Hardraw, Hawes .. .. .	April, 1951
	Countersett .. .. .	Dec., 1946
	Carperby .. .. .	July, 1949
	Hawes and Gayle (new reservoir) .. .. .	Aug., 1949
	West Burton (water mains extension) .. .. .	Dec., 1949
BEDALE R.D.	Blow Houses, Scruton .. .. .	Aug., 1949
	Exelby—water mains extension .. .. .	Feb., 1950
	Morton Lane, Leeming Bar .. .. .	Dec., 1950
	Service Reservoir at Cowling .. .. .	Oct., 1952
	Water mains extensions along—	Dec., 1952
	(1) Morton Lane, Leeming Bar (2) Exelby (3) Masham Road (4) Ainderby Miers (5) Rookwith (6) Smearholmes.	

Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
2,700	—	—	Completed—Ministry not prepared to make a grant.
1,300	—	—	Completed—Ministry not prepared to make a grant.
15,250	—	—	Awaiting commencement—Ministry not prepared to make a grant.
90,510	—	—	Awaiting commencement.
4,605	—	—	Ministry not prepared to make a grant.
2,300	—	—	Replaced by Ryedale Water Board— Pickering U.D. scheme.
3,700	—	—	Completed.
13,216	—	—	Completed.
2,800	—	—	Awaiting commencement.
15,573	—	—	Not proceeded with—replaced by revised scheme costing approximately £6,000 and completed in 1952.
3,400	—	—	Not proceeded with
5,600	350	350	Completed.
2,236	650†	650*	Completed.
5,618	300†	300*	Completed.
2,462	350	350	Completed.
1,813	200†	—	In abeyance.
13,000	—	—	In abeyance.
910	—	—	In abeyance
2,958	240†	240*	Completed.
1,400	—	—	Ministry not prepared to make a grant.
275	—	—	In abeyance.
700	—	—	Ministry not prepared to make a grant.
3,066	—	—	Ministry not prepared to make a grant.
1,675	—	—	Ministry not prepared to make a grant.
11,700	—	—	Ministry not prepared to make a grant.
4,200	600	100	Schemes 1, 2, 3 and 4 completed. Schemes 5 and 6 in abeyance.

† Grant promised to date.

\* Subject to review.



District	Scheme	Date submitted to County Council
CROFT R.D.	Cliffe, Manfield, Cleasby, Stapleton .. ..	Dec., 1945
	Dalton .. ..	July, 1947
EASINGWOLD R.D.	Regional water supply scheme for Parishes within the R.D.	Jan., 1946
	Sutton-on-Forest—extension of main .. ..	May, 1946
	Shipton—extension of main .. ..	July, 1946
	Shires Lane, Alne—extension of main .. ..	Mar., 1950
	Thirsk Road, Easingwold .. ..	Oct., 1952
	Linton Woods Lane—Linton-on-Ouse—mains extension.	Dec., 1952
	Huby—mains extension .. ..	Feb., 1953
	Raskelf and Helperby .. ..	Mar., 1954
	Crankley Farms, Easingwold—main extension ..	Jan., 1955
FLAXTON R.D.	No. 2 Regional water supply scheme....Parishes of Bossall-with-Buttercrambe, Claxton, Gate Helmsley, Harton, Holtby, Sand Hutton, Upper Helmsley, Warthill.	May, 1946
	Haxby, Wigginton, Skelton, Strensall .. ..	Feb., 1946
	Extension of main to Bad Bargain Lane, Murton ..	Feb., 1946
	Harton... erection of water tower .. ..	May, 1946
	Piethorne water supply scheme—	Oct., 1945
HELMSLEY R.D. AND KIRBYMOORSIDE R.D. jointly	<b>Helmsley R.D.</b>	
	Harome, Pockley, Beadlam .. ..	
	<b>Kirbymoorside R.D.</b>	
	Nawton, Skiplam, Wombleton.	
	Southern Area water supply scheme— Parishes of Ampleforth, Byland-with-Wass, Cawton, Coulton, Gilling East, Grimston, Newton East and Leysthorpe, Oswaldkirk, Stonegrave, Sproxton, Thorpe-le-Willows, Helmsley.	April, 1948
	Helmsley Development Area .. ..	July, 1949
	Carlton .. ..	Oct., 1952
	Cold Kirby and Scawton .. ..	April, 1953

Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
3,366	4,400	3,750	Completed.
1,006	1,200†	1,200*	Completed.
			The estimated cost is made up as follows :—
			(a) £1,406 towards cost of works to be carried out by the Tees Valley Water Board <b>outside</b> the Board's area of supply.
			(b) £2,600 towards cost of works to be carried out <b>within</b> the Board's area of supply.
			£450 each is allocated as Ministry's and County Council's grant towards (a) above.
			£750 each is allocated as Ministry's and County Council's grant towards (b) above.
9,780	3,500	3,500	Completed.
2,809	—	—	Ministry not prepared to make a grant.
610	—	—	In abeyance.
1,133	400	284	Completed.
1,332	450	160	Completed.
2,451	—	—	Completed.
583	300	170	Completed.
4,139	2,000	1,000	Completed
829	—	—	Ministry not prepared to make a grant.
5,224	16,500	16,500	Completed.
3,740	—	—	Ministry not prepared to make a grant.
1,400	—	—	Ministry not prepared to make a grant.
3,639	4,500	4,500	Completed.
9,900	1,500†	1,500*	Completed.
9,814	1,500†	1,500*	Completed.
714			
3,750	45,000†	19,375*	Completed except for minor works.
201	1,200	780	Completed.
900	—	—	In abeyance.
850	—	—	In abeyance.

† Grant promised to date.

\* Subject to review.

## Water Supply Schemes.

District	Scheme	Date submitted to County Council
KIRBYMOORSIDE R.D. AND HELMSLEY R.D. jointly	Piethorne water supply scheme— <b>Kirbymoorside R.D.</b> Nawton, Skiplam, Wombledon. <b>Helmsley R.D.</b> Harome, Pockley, Beadlam. Farndale East Side .. .. .	Oct., 1945     July, 1946
	Waterworks redistribution scheme— Parishes of Great Edstone, Gillamoor, Hutton-le-Hole, Kirbymoorside, Muscoates, Ness, North Holme, Nunnington, Salton, Welburn.	Mar., 1948
LEYBURN R.D. ..	Caldbergh .. .. .	Mar., 1945
	Newton-le-Willows and Patrick Brompton ..	Mar., 1945
	Preston-under-Scaur .. .. .	Mar., 1945
	West Witton .. .. .	Mar., 1945
	Sowden Beck Scheme—Parishes of Middleham } Spennithorne, Harmby, Preston-under-Scaur, East Witton, West Witton, Leyburn (part), Thornton Steward, Finghall, Constable Burton, Hutton Hang, Cocked Hat and Cocked Hat extension }	June, 1945
	East Hauxwell .. .. .	Feb., 1946
	Bellerby .. .. .	April, 1949
	West Scrafton .. .. .	Feb., 1950
	Danby (Middleham) .. .. .	Feb., 1950
	Hornby .. .. .	Feb., 1950
	Garriston .. .. .	Feb., 1950
	Hunton .. .. .	May, 1950
MALTON R.D. ..	Sheriff Hutton with Cornborough ..	Mar., 1947
	Sheriff Hutton, Hovingham, Scackleton, Amotherby.	Nov., 1947
MASHAM R.D. ..	High and Low Ellington .. .. .	Feb., 1947
	Ilton .. .. .	Jan., 1950
NORTHALLERTON R.D. ..	Scheme for the whole of the rural district with the exception of the Parishes of Brompton and Romanby. Distribution scheme Headworks scheme (proportion charged to R.D.C.)	April, 1945
	Sowerby-under-Cotcliffe .. .. .	Oct., 1952



Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
			} See Helmsley R.D.
3,791	600†	600*	Completed.
19,364	—	—	Work in progress. Ministry not prepared to make a grant.
2,049	375	375	Completed.
3,610	—	—	Completed. Ministry not prepared to make a grant.
1,650	—	—	} See Sowden Beck Scheme below.
3,860	—	—	
56,024	8,500†	8,500*	Completed.
625	—	—	Completed.
4,500	—	—	In abeyance.
3,010	—	—	In abeyance.
3,243	240†	240*	Completed.
3,400	—	—	Completed.
3,000	—	—	In abeyance.
700	—	—	Completed.
6,000	—	—	Scheme for farms completed.
7,800	600†	600*	Grant applied to <b>Scackleton only</b> —estimated cost for Scackleton only £2,100. Scackleton section completed.
2,478	—	—	Completed.
1,420	—	—	Completed.
564,070	145,000	100,000	} Completed. Work in progress.
5,100	1,600†	800*	Completed.

† Grant promised to date.

\* Subject to review.

District	Scheme	Date submitted to County Council
PICKERING R.D.	Thornton Dale .. .. .	July, 1945
	Newton-upon-Rawcliffe .. .. .	July, 1946
	Allerston and Ebberston .. .. .	Feb., 1948
	Normanby—connection to proposed 6" main from Ryedale Water Board.	Mar., 1950
	Wandales Lane, Great Barugh—water main extension.	June, 1950
	Wilton .. .. .	Sept., 1950
	Lockton and Levisham .. .. .	Feb., 1951
	Aislaby, Wrelton, Middleton .. .. .	Mar., 1951
	Cropton and Cawthorn .. .. .	May, 1954
	Marishes .. .. .	Sept., 1955
REETH R.D.	Regional Water Supply Scheme for the whole of the rural district with the exception of Arkengarthdale.	April, 1947
RICHMOND R.D.	" Crumma " Regional Scheme (covering 40 Parishes).	July, 1946
	Extensions to above Scheme to serve—Easby, Dalton, West Layton and Caldwell, Gilling and Middleton Tyas.	Feb., 1955
SCARBOROUGH R.D.	Ravenscar (bore-hole) .. .. .	Nov., 1945
	Extension of water main at Burniston .. .. .	July, 1946
	Reconstruction of Ravenscar reservoir and extensions of mains to Stainton Dale, Harwood Dale and part of Cloughton.	Nov., 1946
	Snainton and Sawdon .. .. .	June, 1948

Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
797	—	—	Completed.
,434	—	—	Completed.
,493	—	—	Superseded by scheme for Wilton (below).
,500	—	—	Completed.
—	—	—	Completed.
,900	—	—	Completed.
,400	—	—	In abeyance.
,360	—	—	Completed.
,563	Annual grant of £190 for 30 years. †	—	Ministry not prepared to make a grant. Under consideration.
,000	—	—	Under consideration.
,502	28,000†	Annual contribution of 50% of the annual deficiency on the scheme for 30 years subject to a maximum of £1,320 per annum based on a capital grant of £24,000* £20,000*	In abeyance.
,000	Half-yearly payments of £1,295 for 30 years†	£20,000*	In progress.
,000	—	—	In progress.
,900	—	—	Completed—Ministry not prepared to make a grant.
—	—	—	Completed.
,512	1,600	Annual contributions of £76 for 30 years based on a capital grant of £1,600.	Work in abeyance except for reservoir reconstruction.
,904	650	£650 payable in annual instalments of £35 for 30 years.	Completed.

† Grant promised to date.

\* Subject to review.



## Water Supply Schemes.

District	Scheme	Date submitted to County Council
SCARBOROUGH R.D.	Regional Water Supply Scheme— Harwood Dale, Troutsdale, Hackness, Broxa and Silpho, Parts of Cloughton and Wykeham and to supplement the existing supply to Stainton Dale and part of Cloughton.	Aug., 1950
	Laying of 6" water main from Snainton to Brompton and purchase of the Brompton Water Undertaking.	Jan., 1952
	Ayton Water Undertaking—laying of 4" main to augment supply in Racecourse Road and Betton Rise areas.	Sept., 1953
	Brompton water supply—new distribution main.	Mar., 1954
	Ayton Water Undertaking—Thornton Varley Spring, (temporary water supply scheme to augment the existing supply to East and West Ayton.	July, 1954
	Regional Water Supply Scheme—Troutsdale Scheme—Parishes of Snainton, Brompton, West Ayton, East Ayton, Suffield (part), Hutton Buscel (part), Hackness, Wykeham (part) and Troutsdale (part).	Feb., 1955
STARTFORTH R.D.	Hutton Magna .. .. .	June, 1948
	Barforth .. .. .	April, 1948
	Barningham .. .. .	July, 1948
	Boldron, Bowes, Brignall, Egglestone Abbey, Gilmonby, Rokeby, Scargill.	July, 1948
	Holwick .. .. .	July, 1948
	Hunderthwaite .. .. .	July, 1948
	Hutton Magna .. .. .	July, 1948
	Hunderthwaite (amended) .. .. .	Jan., 1950
	Bowes and Bowes Cross area (amended) .. .. .	Jan., 1953
	Ovington .. .. .	Mar., 1953
	Bowes, Boldron, Brignall and Barningham .. .. .	Oct., 1955

Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
57,110	11,000†	Annual contributions of £406 for 30 years based on a capital grant of £8,000*	In abeyance.
7,611	1,400	Annual contributions of £83 for 30 years based on a capital grant of £1,400.	Completed.
680	—	—	Completed.
1,747	800	Annual contributions of £26 for 30 years based on a capital grant of £475.	Completed.
295	—	—	Completed.
2,751	—	—	In abeyance.
3,000	—	—	See revised scheme below.
5,747	1,000†	250*	Completed.
700	—	—	See amended scheme below.
4,385	—	—	See amended schemes below for Bowes and Bowes Cross Area and Boldron and Brignall.
7,213	1,500	1,500*	Work in progress.
1,560	—	—	See amended scheme below.
5,010	—	—	In abeyance.
5,500	—	—	In abeyance.
4,740	—	—	See amended scheme below.
5,960	—	—	Completed.
5,455	—	—	Under consideration.

† Grant promised to date.

\* Subject to review.

District	Scheme	Date submitted to County Council
STOKESLEY R.D.	<p>.. Scheme for augmenting the water supply to 23 Parishes—  Carlton, Castle Leavington, Crathorne, East Rounton, Faceby, Great and Little Broughton, Great Busby, High Worsall, Hilton, Hutton Rudby, Ingleby Arncliffe, Ingleby Barwick, Kirby, Little Busby, Low Worsall, Middleton, Picton, Potto, Rudby, Seamer, Sexhow, Skutterskelfe, Whorlton.</p> <p>Kildale .. .. . April, 1949</p> <p>Easby .. .. . April, 1949</p> <p>Construction of water mains from Marton Moor Corner, Nunthorpe, to Great Ayton and Stokesley. Sept., 1955</p> <p>Scheme for the augmentation of water supply for the rural district. Oct., 1955</p>	<p>Mar., 1945</p>
THIRSK R.D.	<p>.. Ainderby Quernhow .. .. . Dec., 1945</p> <p>Maunby .. .. . Dec., 1945</p> <p>Extension of existing water supply main for Langthorpe and Milby to Ellenthorpe, Humberton, and Thornton Bridge. Oct., 1948</p> <p>Water main extensions to Birdforth and Osgodby Thirlby .. .. . July, 1953</p> <p>.. .. . Aug., 1954</p>	<p>Dec., 1945</p> <p>Dec., 1945</p> <p>Oct., 1948</p> <p>July, 1953</p> <p>Aug., 1954</p>
WATH R.D.	<p>.. Baldersby St. James and Rainton .. .. . Feb., 1954</p>	<p>Feb., 1954</p>
WHITBY R.D.	<p>.. Regional water supply scheme....augmentation of water supplies to parishes in the rural area except Hawsker, Sneaton, Ugglebarnby and part of Fylingdales, also</p> <p>Goathland, also .. .. . May, 1945</p> <p>Newholm cum Dunsley and East Row .. .. . May, 1945</p> <p>Parishes of Hawsker, Sneaton, Ugglebarnby and part of Fylingdales. May, 1945</p> <p>Golden Grove extension—Sneaton Parish .. .. . May, 1945</p> <p>Newholm cum Dunsley and East Row .. .. . Mar., 1948</p> <p>Extension of the Hawsker, Stainsacre, etc. water supply scheme to Sneaton Thorpe and Littlebeck. July, 1950</p> <p>Mains extension to, and roofing of Bay Ness Reservoir. May, 1954</p> <p>Water mains improvement scheme—Sandsend .. .. . Sept., 1954</p> <p>Water main extension from Dale House to Staithes Lane End—Parish of Hinderwell. Jan., 1955</p>	<p>May, 1945</p> <p>May, 1945</p> <p>May, 1945</p> <p>Mar., 1948</p> <p>July, 1950</p> <p>May, 1954</p> <p>Sept., 1954</p> <p>Jan., 1955</p>



Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
56,064	10,000	10,000	Completed.
6,976	2,500	2,240	Completed.
3,800	1,000	1,000*	Completed.
28,540	—	—	£15,000 District Council's contribution—balance to be paid by Tees Valley Water Board—in abeyance—to be commenced shortly.
3,450	—	—	Under consideration.
1,450	—	—	In abeyance. Ministry not prepared to make a grant.
3,625	—	—	Completed.
4,200	—	—	In abeyance. Ministry not prepared to make a grant.
3,100	—	—	Part completed—remainder in abeyance.
6,624	—	—	Awaiting commencement.
5,646	650	650*	Completed.
171,269	—	—	Completed.
8,656	—	—	Completed.
5,070	—	—	Completed.
184,995	30,000	30,000*	
32,677	8,500	8,500*	Completed.
4,293	1,100	1,100*	Completed.
4,910	—	—	Completed—included in Regional Scheme above.
12,906	—	—	Completed.
3,575	1,000†	790*	Mains extension completed. Roofing of reservoir in progress.
3,400	1,500	950*	Completed.
1,250	400	400*	Completed.

† Grant promised to date.

\* Subject to review.

## Water Supply Schemes.

District	Scheme	Date submitted to County Council
RYEDALE JOINT WATER BOARD	Regional water scheme for the bulk supply to Malton U.D. and the rural districts of Easingwold, Flaxton, Helmsley, Kirbymoorside, Malton and Pickering.	July, 1945
	Extension of Board's district .. ..	June, 1954
	Hildenley Reservoir .. ..	April, 1955

Estimated cost  £	Ministry of Housing and Local Government grant £	County Council's contribution  £	Remarks
,992	77,000	77,000*	Completed.
,072	—	—	Pending discussions on alternative scheme—see Scarborough R.D.
,091	Annual grant of £320 for 30 years†	Under consideration	Work in progress.

† Grant promised to date.

\* Subject to review.



During the year six meetings convened by the Ministry of Housing and Local Government to consider schemes of water supply were attended by the county health inspectors ; details of the local authorities and areas concerned are as follows :—

Authority	Date of Meeting	Scheme
Bedale R.D.C. ..	3-11-54	Proposed Service Reservoir at Cowling.
Helmsley R.D.C. ..	24-6-54	Regional water supply distribution scheme (Southern area).
do ..	15-12-54	Carlton water supply scheme.
Richmond R.D.C. ..	9-6-54	Supply of water in certain parishes of the Tees Valley Water Board's statutory area.
Scarborough R.D.C. ..	20-1-54	Ravenscar bore hole supply.
Whitby R.D.C. ..	21-1-54	Regional water supply scheme—Golden Grove extension—Parish of Sneaton.

In connection with proposals for new sources of water supply or improvement of existing sources of supply, 93 inspections were made by the county health inspectors.

A brief summary of the more important activities of county district councils in relation to water supplies is given below :—

GUISBOROUGH U.D.—Supply provided to Yearby village by Cleveland Water Co.

LOFTUS U.D.—The Cleveland Water Co. commenced construction of Scaling reservoir and trunk main.

NORTHALLERTON U.D.—A new covered reservoir was commenced at Bullamoor.

BEDALE R.D.—Parishes of Ainderby Miers, Exelby and part of Leeming Bar and Scruton provided with 3" mains supply.

HELMSLEY R.D.—Southern area distribution scheme commenced. New mains supplies for Coulton, Cawton, Gilling East, Oswaldkirk and Ampleforth provided.

MASHAM R.D.—Scheme to supply Ilton-cum-Pott commenced.

RICHMOND R.D.—Crumma Regional Scheme commenced.

SCARBOROUGH R.D.—Brompton village connected to Snainton supply.

WATH R.D.—Scheme to supply Baldersby St. James and Rainton commenced.

WHITBY R.D.—Commondale village scheme and Sandsend main renewal commenced. Golden Grove and Ruswarp connected to Regional supply.

In other areas, extensions to serve new housing estates have been carried out and some renewals of defective mains have also been made.

### Supervision and sampling of water supplies.

During the year 452 samples of water were taken by the county health inspectors; this is a reduction on the number taken in 1953, due to temporary reduction in staff for a period of six months.

The results of these samples are given below :—

Test	No. taken	Satis- factory	Unsatis- factory	Remarks
Bacteriological examination	452	325	122	5 not examined

As in previous years the majority of the samples were taken at schools, sampling being more frequent from schools having unsatisfactory or “ doubtful ” supplies. In consequence the number of failures is comparatively high and is not indicative of school supply standards in general. Where samples were found to be defective, recommendations were made that the supplies should be boiled prior to human consumption.

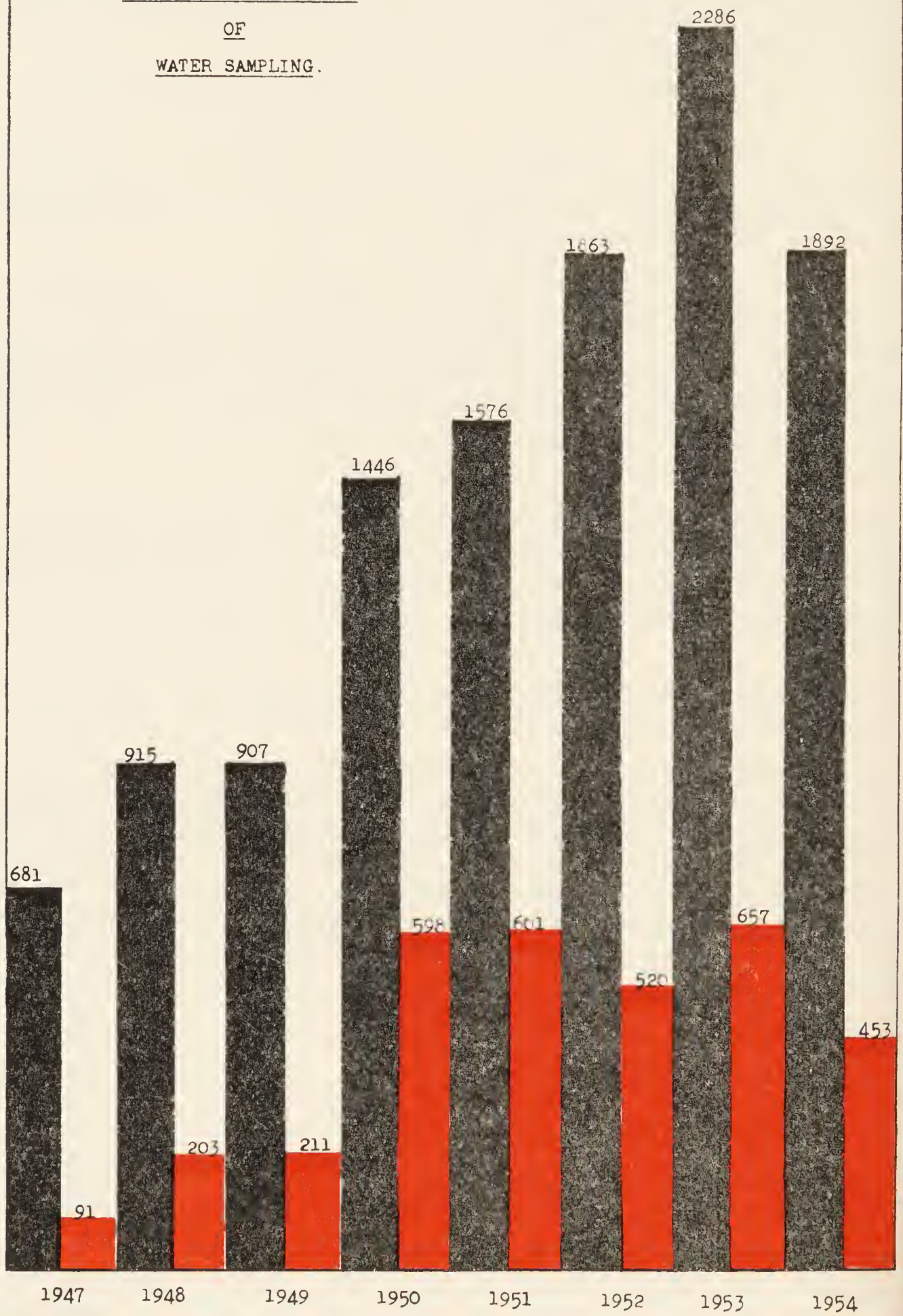
Weekly samples of raw and chlorinated water have been taken at the Ryedale Joint Water Board pumping station at East Ness ; apart from two unsatisfactory samples of raw water taken following heavy rainfall in August, the samples have shown this source of supply to be of a high standard of purity.

Tests for residual chlorine were made on a number of supplies where chlorination was necessary to safeguard the consumer.

According to returns of work carried out, 394 fewer samples have been taken from water supplies by officers of local authorities. This reduction is mainly attributable to improvements to existing supplies by treatment, or to the provision of new sources of supply of more reliability. There has been a fall in the proportion of unsatisfactory samples, so that the overall position in relation to the statistics for recent years is approximately the same. The following block graph enables a comparison over the past eight years to be made.



GRAPH SHOWING RESULTS  
OF  
WATER SAMPLING.



Number of samples taken.



Number of unsatisfactory samples.



An examination of the following detailed statement of the number and results of samples taken by individual sanitary authorities shows that as in previous years, some authorities have not averaged one sample from each mains supply in their area during the year. There is no source of public water supply, however reliable, which should be neglected in this way, as the possibility of contamination from mains failure or other causes during distribution is always a risk which cannot be ignored if the consumer is to be adequately safeguarded. The shortcomings of the officers of the sanitary authorities concerned have been remedied by the county inspectors who have taken samples from schools in these areas with regularity.

DISTRICT	Chemical analysis			Bacteriological examination			Mains Supplies
	Total taken	Satisfactory	Unsatisfactory	Total taken	Satisfactory	Unsatisfactory	
URBAN							
*Eston .. ..	—	—	—	—	—	—	1
Guisborough ..	1	1	—	19	17	2	4
Loftus .. ..	—	—	—	14	14	—	2
Malton .. ..	—	—	—	32	30	2	1
Northallerton ..	—	—	—	122	82	40	1
Pickering ..	—	—	—	96	60	36	1
Redcar Borough ..	36	36	—	36	36	—	3
†Richmond Borough	1	1	—	24	24	—	2
Saltburn & Marske ..	—	—	—	1	1	—	1
Scalby .. ..	99	99	—	30	30	—	2
Scarborough Borough	8	8	—	408	382	26	2
Skelton & Brotton ..	1	—	1	14	13	1	2
*Thornaby Borough ..	—	—	—	4	4	—	1
Whitby .. ..	—	—	—	19	19	—	1
Total Urban ..	146	145	1	819	712	107	24
RURAL.							
Aysgarth .. ..	—	—	—	26	13	13	17
Bedale .. ..	1	1	—	17	10	7	2
Croft .. ..	—	—	—	5	1	4	2
Easingwold ..	—	—	—	58	39	19	4
Flaxton .. ..	2	2	—	17	15	2	2
Helmsley .. ..	—	—	—	93	50	43	11
Kirbymoorside ..	1	1	—	65	49	16	11
Leyburn .. ..	—	—	—	3	1	2	28
Malton .. ..	—	—	—	17	6	11	3
Masham .. ..	6	6	—	6	6	—	6
Northallerton ..	—	—	—	23	7	16	3
Pickering .. ..	—	—	—	19	13	6	9
Reeth .. ..	1	1	—	9	3	6	15
Richmond .. ..	—	—	—	25	8	17	24
Scarborough ..	13	13	—	504	385	119	14
Startforth .. ..	—	—	—	31	21	10	5
Stokesley .. ..	3	3	—	18	13	5	2
Thirsk .. ..	2	2	—	12	4	8	6
Wath .. ..	7	7	—	29	26	3	9
Whitby .. ..	3	3	—	96	57	39	19
Total Rural ..	39	39	—	1073	727	346	192
Administrative County	185	184	1	1892	1439	453	216

\* Supply provided by Tees Valley Water Board.

† Figures include samples of raw water prior to chlorination.

## SEWERAGE AND SEWAGE DISPOSAL.

Following the improvement in the provision of water supplies throughout the Riding, some delay occurred in the submission of schemes for sewerage and sewage disposal owing to the financial burdens likely to be involved. However, during the year under review progress has been made in the preparation of schemes, thirteen of which have been submitted to the County Council for observations. The county health inspectors have examined all the schemes submitted, reported upon the need for the schemes and surveyed existing conditions ; details of the local authorities and areas concerned, together with estimates of the cost of the proposals are as follows :

Authority	Date submitted	Scheme	Estimated cost
			£
Skelton and Brotton U.D.C.	20-10-54	Moorsholm .. .. .	27,000
Bedale R.D.C. ..	4-12-54	Aiskew and Bedale .. ..	28,043
Easingwold R.D.C. ..	16-11-53	Stillington (revised scheme) ..	12,076
do ..	28-8-54	Shipton (revised scheme) ..	27,000
Malton R.D.C. ..	9-12-53	Brawby (amended scheme) ..	3,875
do ..	29-7-54	Slingsby (revised scheme) ..	15,250
Pickering R.D.C. ..	22-1-54	Sinnington (2nd revision) ..	17,048
Richmond R.D.C. ..	14-1-54	Catterick village sewage disposal works (revised scheme)	17,080
Stokesley R.D.C. ..	30-9-54	Reconstruction of Great Ayton sewage disposal works.	11,750
Whitby R.D.C. ..	17-5-54	Ugthorpe .. .. .	5,200
do ..	6-7-54	Aislaby .. .. .	9,540
do ..	27-7-54	Newholm .. .. .	2,975
do ..	21-8-54	Stainsacre .. .. .	2,600

The Ministry of Housing and Local Government held sixteen meetings to consider proposals for, or details regarding progress with sewerage and sewage disposal schemes for the following areas :—

Authority	Date of Meeting	Scheme
Guisborough U.D.C. . .	10-6-54	Wilton, Lazenby and Lackenby.
Croft R.D.C. . .	14-7-54	Croft village.
Easingwold R.D.C. . .	31-3-54	Helperby and Brafferton scheme.
do . .	31-3-54	Parish of Shipton.
Flaxton R.D.C. . .	25-6-54	Sand Hutton.
Leyburn R.D.C. . .	14-7-54	Parish of Finghall.
Malton R.D.C. . .	30-3-54	Welburn village scheme.
do . .	1-6-54	Barton-le-Street, Appleton-le-Street, Amotherby, Swinton and Broughton.
do . .	13-10-54	do do
Masham R.D.C. . .	5-5-54	Masham sewage disposal improvements.
Richmond R.D.C. . .	16-12-54	Parish of Hudswell.
do . .	16-12-54	Parish of Newsham.
Scarborough R.D.C. . .	20-1-54	Seamer regional sewerage scheme.
Startforth R.D.C. . .	7-1-54	Mickleton scheme.
Thirsk R.D.C. . .	2-11-54	Thirsk and Sowerby.
Wath R.D.C. . .	4-11-54	Melmerby and Wath joint scheme.

The county health inspectors attended these meetings and made 179 inspections of new schemes in progress ; existing sewerage and sewage disposal facilities were also inspected in order to obtain up-to-date information for the meetings.

The following is a brief resumé of the major works of sewerage and sewage disposal carried out during the year in the County districts :—

PICKERING U.D.—Improvements have been carried out to storm water tanks, septic tanks and humus tanks at the installation at Westgate Carr Road, Pickering.

RICHMOND BOROUGH—The long overdue sewerage and sewage disposal scheme for the Borough was commenced during the year ; when completed a major source of pollution of the River Swale and a potential danger to health will have been removed.

CROFT R.D.—A sewerage and sewage disposal scheme for Croft was completed during the year.

FLAXTON R.D.—Schemes of sewerage and sewage disposal for Harton and Warthill were commenced during the year and a scheme for Gate Helmsley was completed.

HELMSLEY R.D.—A scheme to modernise sewage disposal works at Oswald-kirk was commenced, and a sewer extension carried out to serve Harome.

MALTON R.D.—A scheme for the village of Brawby was commenced and the street villages sewerage and sewage disposal scheme was completed.



PICKERING R.D.—A scheme of sewerage and sewage disposal for Thornton Dale was commenced ; this will remove pollution from the stream alongside the main Scarborough road which is regarded as one of the amenities in the village.

RICHMOND R.D.—Schemes of sewerage and for sewage disposal were commenced for Scorton and Newsham villages ; Newsham sewerage and sewage disposal scheme being completed.

STARTFORTH R.D.—New sewers were laid and new sewage disposal completed at Mickleton.

THIRSK R.D.—Progress continued on the Thirsk and Sowerby scheme ; sewerage and sewage disposal works were provided for Kirby Knowle.

WATH R.D.—Wath and Melmerby sewage disposal scheme was commenced during the year.

In county districts not specially mentioned, work on sewerage has been confined to extension of sewers to serve new housing estates. Many schemes prepared for rural villages are in abeyance, not having been submitted to either the Ministry of Housing and Local Government or the County Council ; in the western dales much remains to be done if the benefits from improved water supplies are to be made available.

A recent survey has been made to ascertain the progress of all schemes of sewerage and sewage disposal submitted to the county council for grant aid under the Rural Water Supplies and Sewerage Acts 1944–55, the information obtained from the survey is given in the following statement :—



**Schemes of Sewerage and Sewage Disposal submitted by District Councils under the Rural Water Supplies and Sewerage Act, 1944.**  
(INFORMATION COMPILED—SEPTEMBER, 1955).

District	Scheme	Date submitted to County Council
AYSGARTH R.D.	Extension of sewer at Carperby .. ..	Jan., 1946
	Hawes and Gayle .. ..	Dec., 1947
	Aysgarth .. ..	April, 1948
	West Burton .. ..	April, 1948
	Burtersett .. ..	Mar., 1949
	Carperby—reconstruction of existing sewage disposal works.	July, 1949
BEDALE R.D.	Burneston, Carthorpe and Theakston ..	June, 1947
	Carthorpe (revised) .. ..	Feb., 1950
	Bedale and Aiskew .. ..	Dec., 1954
CROFT R.D.	Cleasby .. ..	Mar., 1948
	Dalton .. ..	Mar., 1948
	Manfield .. ..	Mar., 1948
	Stapleton .. ..	Mar., 1948
	Croft .. ..	Mar., 1948
	Barton .. ..	July, 1955
EASINGWOLD R.D.	Newton-on-Ouse .. ..	Feb., 1947
	Coxwold .. ..	Feb., 1947
	Crayke .. ..	Feb., 1947
	Alne and Tollerton .. ..	June, 1947
	Extension of above scheme in Newton Road, Tollerton.	May, 1955
	Easingwold .. ..	June, 1947
	Helperby and Brafferton .. ..	June, 1947
	Huby and Sutton-on-Forest .. ..	June, 1947
	Husthwaite .. ..	June, 1947
	Shipton-by-Beningbrough .. ..	June, 1947
	Stillington .. ..	Mar., 1950
FLAXTON R.D.	Joint sewerage and sewage disposal scheme for Sheriff Hutton and Lilling.	April, 1953
	Stockton-on-Forest and the Hopgrove area in the Parish of Huntington.	Feb., 1950
	Extension of sewer to Windmill, Wigginton ..	Mar., 1950
	Claxton .. ..	July, 1946
	Flaxton village .. ..	July, 1946
	Gate Helmsley .. ..	July, 1946
	Harton .. ..	July, 1946
	Warthill .. ..	July, 1946
	Holtby .. ..	July, 1946
	New Earswick .. ..	April, 1952
	Sand Hutton .. ..	Aug., 1952



Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
295	—	—	Completed.
9,540	2,200	2,200	Completed.
12,766	6,500	3,130	Completed.
6,709	—	—	In abeyance.
2,470	—	—	In abeyance.
2,145	—	—	In abeyance.
23,000	—	—	See revised scheme for Carthorpe.
12,103	3,600†	3,600*	In abeyance.
28,043	—	—	Under consideration.
7,950	—	—	In abeyance.
5,300	—	—	In abeyance.
8,200	—	—	In abeyance.
7,800	—	—	In abeyance.
27,250	12,000†	7,625*	Completed.
15,300	—	—	Under consideration
4,320	—	—	In abeyance.
2,650	—	—	In abeyance.
12,750	—	—	In abeyance.
20,084	7,500†	6,300*	In progress.
1,703	—	—	In progress.
25,000	—	—	In abeyance.
17,830	5,300†	5,300*	Completed.
42,000	—	—	In abeyance.
8,000	—	—	In abeyance.
26,878	15,000†	6,000*	Completed.
10,750	—	—	In abeyance.
26,500	—	—	Jointly with Malton R.D.C.—see Malton R.D. below.
25,972	11,000	6,710	Completed.
2,987	950	950	Completed.
6,500	3,200	1,400	Completed.
14,785	7,000	3,893	Completed.
14,471	8,000†	£186 p.a. 30 yrs.	Completed.
6,235	2,500†	1,870*	Completed.
7,498	3,000†	2,250*	Completed.
4,560	1,500†	1,500*	Approval given to commence.
16,815	—	—	Under consideration.
10,320	4,000†	3,160*	Approval given to commence.

† Grant promised to date.

\* Subject to review.

## Sewage Disposal Schemes.

District	Scheme	Date submitted to County Council
HELMSLEY R.D. AND KIRBYMOORSIDE R.D.	Joint Scheme—Parishes of Harome, Beadlam (Helmsley R.D.) and Nawton, Wombledon (Kirbymoorside R.D.) STAGE 1. Beadlam (Helmsley R.D.) Nawton (Kirbymoorside R.D.) STAGE 2. Harome (Helmsley R.D.) (Kirbymoorside R.D.) STAGE 3. Wombledon (Helmsley R.D.) (Kirbymoorside R.D.)	April, 1948
HELMSLEY R.D.	Sproxtion .. .. . Ampleforth .. .. . Helmsley Development Area .. .. . Gilling East .. .. .	Aug., 1948 Nov., 1948 July, 1949 Sept., 1950
	Reconstruction of sewage works at Oswaldkirk ..	July, 1953
KIRBYMOORSIDE R.D.	Appleton-le-Moors .. .. . Kirbymoorside .. .. .  Nunnington .. .. . Hutton-le-Hole .. .. . Joint Scheme...Parishes of Harome, Beadlam (Helmsley R.D.) and Nawton, Wombledon (Kirbymoorside R.D.)	July, 1945 Dec., 1945  Dec., 1945 Dec., 1945 April, 1948
LEYBURN R.D.	Kirbymoorside .. .. . Newton-le-Willows and Patrick Brompton .. .. . Hunton .. .. . West Witton .. .. . Preston-under-Scaur .. .. . Middleham—extension to the Busks .. .. . Carlton .. .. . Leyburn, Middleham, Spennithorne, Harmby and East Witton. Finghall .. .. .	Aug., 1951 Mar., 1945 Mar. 1945 Mar., 1945 Mar., 1945 Dec., 1946 April, 1948 Sept., 1948 June, 1951

Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
27,250	7,400†	3,150*	Completed.
	5,500†	4,100*	Completed.
10,500	2,500†	1,375*	Completed.
	2,000†	1,625*	
14,850	3,500†	1,925*	Approved.
	2,250†	2,550*	
5,190	2,800	1,400	Completed.
27,150	17,000	5,575*	Completed.
7,602	3,400	2,000	Completed.
12,690	Half-yearly payments of £220 for 30 years†	2,845*	Work in progress.
3,350	2,500†	425*	Completed.
4,403	—	—	In abeyance.
8,600	—	—	Superseded by scheme submitted in 1951 (below).
5,256	—	—	In abeyance.
4,850	—	—	In abeyance.
—	—	—	See Helmsley R.D.
24,186	—	—	Under consideration.
13,651	5,000†	4,350*	Completed.
8,486	3,000†	2,750*	Completed.
8,767	3,500†	2,700*	Completed.
6,850	—	—	In abeyance.
1,325	—	—	Completed.
4,950	—	—	Ministry not prepared to make a grant.
43,614	—	—	In abeyance.
6 535	Half-yearly payments of £90 for 30 years†	1,770*	In progress.

† Grant promised to date.

\* Subject to review.



## Sewage Disposal Schemes.

District	Scheme	Date submitted to County Council
MALTON R.D.	Sheriff Hutton with Cornborough .. .. .	Aug., 1945
	Amotherby, Appleton-le-Street, Barton-le-Street, Broughton and Swinton.	Aug., 1945
	Huttons Ambo .. .. .	Oct., 1945
	Slingsby .. .. .	Oct., 1945
	Terrington .. .. .	Dec., 1945
	Welburn .. .. .	July, 1946
	Low Hutton .. .. .	Nov., 1950
	Brawby .. .. .	Nov., 1952
	Joint sewerage and sewage disposal scheme for Sheriff Hutton and Lilling.	April, 1953
MASHAM R.D.	Masham .. .. .	Aug., 1952
NORTHALLERTON R.D.	Brompton and Romanby .. .. .	May, 1946
PICKERING R.D.	Ebberston .. .. .	Oct., 1945
	Thornton Dale .. .. .	July, 1949
	Middleton .. .. .	April, 1953
	Cropton .. .. .	April, 1946
	Lockton and Levisham .. .. .	July, 1946
	Marton .. .. .	Mar., 1946
	Sinnington .. .. .	Jan., 1954
	Newton-upon-Rawcliffe .. .. .	June, 1946
	Kirbymisperton .. .. .	July, 1946
	Thornton Dale (further extentions) .. .. .	Sept., 1955
REETH R.D.	Arkengarthdale .. .. .	April, 194
	Reeth, Fremington, Grinton and Healaugh .. .. .	April, 194
	Low Row and Feetham .. .. .	Jan., 1948
	Keld .. .. .	Jan., 1948
	Thwaite .. .. .	Jan., 1948
	Marrick .. .. .	Jan., 1948
RICHMOND R.D.	Brompton-on-Swale....Catterick Bridge .. .. .	June, 1940
	Catterick Village—new sewage disposal works .. .. .	Jan., 1954
	Hudswell .. .. .	June, 195
	Eppleby .. .. .	Oct., 1955
	Aldbrough St. John .. .. .	Sept., 195
	North Cowton .. .. .	Aug., 195
	Gilling .. .. .	Aug., 195
	Newsham .. .. .	Sept., 19
	Scorton and Bolton-on-Swale .. .. .	Feb., 195

Estimated cost  £	Ministry of Housing and Local Government grant  £	County Council's contribution  £	Remarks
0,500	—	—	In abeyance.
6,863	25,000†	21,000*	Completed.
6,000	—	—	In abeyance.
5,250	—	—	Under consideration.
5,549	—	—	In abeyance
9,600	6,750†	1,425*	Completed.
5,550	4,500†	2,250	In abeyance.
3,875	1,200†	1,200*	Completed.
6,500	—	—	Jointly with Flaxton R.D.C. Under con- sideration.
1,150	—	—	Under consideration.
0,737	22,000	22,000	Completed.
5,927	—	—	In abeyance.
4,423	20,000†	17,212*	Work in progress.
7,612	—	—	In abeyance.
4,952	—	—	In abeyance.
8,172	—	—	In abeyance.
3,050	—	—	In abeyance.
7,048	—	—	In abeyance
3,165	—	—	In abeyance.
3,886	—	—	In abeyance.
cluded in in scheme above)	—	—	Work in progress.
4,600	—	—	In abeyance.
6,876	—	—	In abeyance.
8,918	—	—	In abeyance.
1,734	—	—	In abeyance.
2,893	—	—	In abeyance.
3,735	—	—	In abeyance.
4,778	—	—	Completed. Ministry not prepared to make a grant.
17,080	—	—	Under consideration.
14,100	4,000†	4,000*	Completed.
12,550	4,000†	4,000*	Approval given to commence.
15,600	6,000†	4,800*	Work in progress.
15 250	6,000†	4,625*	Approval given to commence.
24,750	10,000†	7,375*	Work in progress.
12,000	4,000†	4,000*	Completed.
18,750	Half-yearly payments of £231 for 30 years†	5,375*	Work in progress.

† Grant promised to date.

\* Subject to review.

## Sewage Disposal Schemes.

District	Scheme	Date submitted to County Council
SCARBOROUGH R.D.	Lebberston and Gristhorpe .. ..	June, 1946
	Hutton Buscel, East and West Ayton ..	Feb., 1945
	Sawdon .. ..	Feb., 1945
	Snainton .. ..	Feb., 1945
	Ruston and Wykeham .. ..	Feb., 1945
	Brompton .. ..	April, 1945
	Burniston and Cloughton .. ..	May, 1945
	Cayton, Osgodby, Hutton Buscel, Ruston and Wykeham, Seamer, Crossgates, Seamer Village, Irton, East and West Ayton.	Feb., 1946
		April, 1946
	Seamer, Irton, East and West Ayton ..	April, 1946
	Cayton and Post Office Street, West Ayton ..	Oct., 1950
	Laying of sewer connections to serve Cayton, Seamer, Irton, East and West Ayton.	July, 1953
	Seamer and Ayton sewerage extension scheme ..	Feb., 1953
STARTFORTH R.D.	Seamer Regional Scheme—extension of Seamer sewage disposal works.	April, 1952
	Seamer Regional Scheme—Chapel Lane, Cayton.	Feb., 1952
	Burniston, Cloughton .. ..	July, 1955
	Brompton, Hutton Buscel, Snainton, Sawdon, Ruston, Wykeham, Lebberston, Gristhorpe, West Ayton (part).	July, 1955
	Barningham .. ..	July, 1948
	Boldron .. ..	July, 1948
	Bowes .. ..	July, 1948
	Hutton Magna .. ..	July, 1948
	Lartington .. ..	July, 1948
	Mickleton .. ..	July, 1948



Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
7,072	—	—	Revised schemes submitted August, 1955 ; at present under consideration with the exception of East and West Ayton on which work is completed—see below.
0,500	—	—	
2,628	—	—	
3,650	—	—	
3,750	—	—	
4,250	—	—	
3,800	—	—	
7,478	7,000	£356 for 30 years based on capital grant of £7,000.	Grant applies to <b>Cayton</b> only—estimated cost for Cayton only, £21,728—work completed. <b>Osgodby</b> scheme—in abeyance. <b>Hutton Buscel, Ruston and Wykeham</b> schemes—now revised—submitted August, 1955—under consideration. <b>Seamer, Crossgates, Seamer Village, Irton East and West Ayton</b> —see revised schemes below.
3,297	18,000	£915 for 30* years.	Completed.
3,662	9,500	£530 for 30 years based on capital grant of £9,500.	Completed.
,582	500	£30 for 30 years based on capital grant of £500.	Completed.
,121	2,000	£118 for 30 yrs. based on capital grant of £2,000	Completed.
,272	15,000	£596 for 30 yrs. based on capital grant of £10,136*	Completed.
343	—	—	Scheme too small to justify Exchequer assistance
,333	—	—	Under consideration.
,189	—	—	Under consideration.
,140	—	—	In abeyance.
,380	—	—	In abeyance.
,620	—	—	In abeyance.
,410	—	—	In abeyance.
,230	—	—	In abeyance.
,612	8,500	3,556*	Completed.

† Grant promised to date.

\* Subject to review.

## Sewage Disposal Schemes.

District	Scheme	Date submitted to County Council
STARTFORTH R.D. (continued).	Ovington .. .. .	July, 1948
	Romaldkirk .. .. .	July, 1948
	Startforth .. .. .	July, 1948
	Cotherstone .. .. .	Oct., 1945
	Startforth (amended) .. .. .	Dec., 1949
STOKESLEY R.D. ..	Hutton Rudby .. .. .	Aug., 1945
	Great Broughton and Kirby .. .. .	Aug., 1945
	Swainby .. .. .	Aug., 1945
	Carlton .. .. .	Aug., 1945
	Stainton, Maltby, Marton and Ormesby .. .. .	Dec., 1945
	Seamer .. .. .	May, 1947
	Yarm .. .. .	May, 1947
	Ingleby Greenhow .. .. .	May, 1947
	Sewer in North Road, Stokesley .. .. .	April, 1949
	Leven Bridge—Parish of Ingleby Barwick .. .. .	Oct., 1952
	Sewer—Springfield, Stokesley .. .. .	June, 1953
	Reconstruction of Great Ayton sewage disposal works. .. .. .	Sept., 1954
THIRSK R.D. ..	Thirsk, Sowerby, South Kilvington, Carlton Miniott and Sandhutton. .. .. .	Sept., 1946
	Ainderby Quernhow .. .. .	Sept., 1946
	Thirkleby .. .. .	Sept., 1946
	High and Low Kilburn .. .. .	Sept., 1946
	Sutton-under-Whitestonecliffe .. .. .	Sept., 1946
	Upsall .. .. .	Sept., 1946
	Cowesby .. .. .	Sept., 1946
	Sinderby .. .. .	Sept., 1946
	Pickhill .. .. .	Sept., 1946
	Felixkirk .. .. .	Sept., 1946
	Maunby .. .. .	Sept., 1946
	Topcliffe .. .. .	Sept., 1946
	Boltby .. .. .	Sept., 1946
	Kepwick .. .. .	Sept., 1946
	Knayton .. .. .	Sept., 1946
	Skipton-on-Swale .. .. .	Sept., 1946
	Kirby Wiske .. .. .	Sept., 1946
	Bagby and Balk .. .. .	Sept., 1946
	Langthorpe, Milby and Kirby Hill .. .. .	Sept., 1946
	Holme-on-Swale .. .. .	Dec., 1947
	Newby Wiske and South Otterington .. .. .	Oct., 1950
WATH R.D. ..	Melmerby and Wath .. .. .	Dec., 1948

Estimated cost £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
2,830	—	—	In abeyance.
1,550	—	—	In abeyance.
6,770	—	—	See amended scheme received December, 1949.
6,400	—	—	Completed.
15,200	—	—	In abeyance.
19,250	—	—	In abeyance.
17,000	—	—	In abeyance.
12,500	—	—	In abeyance.
9,000	—	—	In abeyance.
50,000	17,500†	16,250*	Stainton and Maltby scheme completed. Marton and Ormesby scheme in abeyance.
7,000	—	—	In abeyance.
31,500	—	—	In abeyance.
3,500	—	—	In abeyance.
900	—	—	Completed.
1,100	500†	300*	Approval given to commence.
1,700	400†	400*	Completed.
11,750	—	—	In abeyance.
43,000	75,000	75,000	Thirsk and Sowerby portion completed—work in progress on remainder.
1,412	—	—	In abeyance.
3,400	—	—	
4,075	—	—	
3,498	—	—	
2,211	—	—	
1,315	—	—	
1,630	—	—	
4,400	—	—	
1,230	—	—	
2,647	—	—	
5,929	—	—	
2,340	—	—	
2,733	—	—	
3,751	—	—	
2,156	—	—	
2,654	—	—	
4,275	—	—	
10,984	—	—	
1,532	—	—	
10,900	—	—	
19,405	6,500†	6,500*	Completed.

† Grant promised to date.

\* Subject to review.



## Sewage Disposal Schemes.

District	Scheme	Date submitted to County Council
WHITBY R.D. . .	Ugthorpe . . . . .	May, 1954
	Aislaby . . . . .	July, 1954
	Newholm . . . . .	July, 1954
	Stainsacre . . . . .	Jan., 1955
	Beckhole . . . . .	May, 1945
	Borrowby . . . . .	May, 1945
	Castleton . . . . .	May, 1945
	Commondale . . . . .	May, 1945
	Danby and Ainthorpe . . . . .	May, 1945
	Dunsley . . . . .	May, 1945
	East and West Barnby . . . . .	May, 1945
	Egton and Egton Bridge . . . . .	May, 1945
	Glaisdale . . . . .	May, 1945
	Goldsborough . . . . .	May, 1945
	Grosmont . . . . .	May, 1945
	High and Low Hawsker . . . . .	May, 1945
	Howlsyke . . . . .	May, 1945
	Kettleness . . . . .	May, 1945
	Lealholm and Lealholmside . . . . .	May, 1945
	Littlebeck . . . . .	May, 1945
	Lythe . . . . .	May, 1945
	Mickleby . . . . .	May, 1945
	Row . . . . .	May, 1945
	Roxby . . . . .	May, 1945
	Sneaton . . . . .	May, 1945
	Ugglebarnby . . . . .	May, 1945
	Westerdale . . . . .	May, 1945
	East Barnby . . . . .	Sept. 1955
GUISBOROUGH U.D. . .	Wilton, Lazenby and Lackenby . . . . .	Oct., 1953
SKELTON AND BROTON U.D.	Moorsholm . . . . .	Oct., 1954

Estimated £	Ministry of Housing and Local Government grant £	County Council's contribution £	Remarks
2,200	4,860	2,340	Under consideration.
540	—	—	Approved.
975	—	—	Under consideration.
600	—	—	Revised scheme submitted August, 1955—now under consideration.
600	—	—	In abeyance.
200	—	—	
300	—	—	
600	—	—	
300	—	—	
300	—	—	
600	—	—	
400	—	—	
400	—	—	
000	—	—	
100	—	—	
500	—	—	
200	—	—	
100	—	—	
5,600	—	—	
900	—	—	
4,200	—	—	
1,700	—	—	
2,600	—	—	
2,100	—	—	
2,100	—	—	
1,700	—	—	
2,200	—	—	
2,150	—	—	Under consideration.
0,000	—	—	Not regarded as a rural locality.
7,000	—	—	Under consideration.

† Grant promised to date.

\* Subject to review.

### REFUSE DISPOSAL.

No major changes have occurred during the year in methods of collection and disposal of refuse in either urban or rural areas in the Riding. Eleven urban authorities dispose of refuse by controlled tipping, one by incineration and two by uncontrolled tipping ; six of the rural authorities dispose of refuse by controlled tipping, nine by partially controlled tipping, one by uncontrolled tipping and incineration and four entirely by uncontrolled tipping. Indiscriminate tipping of refuse by caravan dwellers is increasing, particularly at beauty spots and on grass verges of highways ; this is creating problems for local authorities.

Regular inspections of refuse disposal tips have been made by the county health inspectors ; particular attention has been given to the tipping of refuse by Eston U.D.C. in a ravine at Normanby, to form playing fields for the Eston County Modern School. This process has continued during 1954 without complaint of nuisance from the adjacent school and gives every indication of being a successful operation when completed.

Methods of refuse disposal, frequency of collection and estimated costs of the service provided by the urban and rural authorities in the Riding are given on the following page :—



District	Estimated cost of service	Method of refuse disposal—1954	Frequency of collection improvements to service, etc.
BAN	£		
ton	13,937	Controlled tipping	Weekly collection
aisborough	4,200	do	do
ftus	3,297	do	do
alton	1,952	do	do
orthallerton	2,733	Uncontrolled tipping	do
ckering	1,002	do	Bullamoor and Hailstone Moor—3 weekly collection. Weekly collection in town area. Quarterly collection at Stape and Beansheaf.
edcar Borough	17,627	Controlled tipping	Weekly collection.
chmond Borough	1,767	do	do
lthburn & Marske	4,667	do	do
alby	3,114	do	do
arborough			
Borough	38,849	do	do
elton & Brotton	4,666	do	do
hornaby Borough	8,030	do	do
hitby	7,328	Incineration	do
RAL			
ysgarth	608	Partially controlled	Fortnightly collection.
edale	2,500	Controlled tipping	Bins collected weekly in Bedale, Aiskew and Leeming Bar. Fortnightly collections in other areas. Ashpits cleared at 10-12 weekly intervals.
roft	759	Partially controlled tipping.	Fortnightly collection.
asingwold	4,000	Controlled tipping	10 day collection—privy middens monthly.
laxton	4,242	Partially controlled	Weekly collection from all area served.
elmsley	1,402	do	Fortnightly collection.
irbymoorside	1,166	do	Weekly collection in Kirbymoorside, Nawton, Wombledon, Kirby Mills and Welburn. Three weekly elsewhere.
eyburn	1,506	Uncontrolled tipping	Weekly collection—Leyburn and Middleham. Fortnightly collection—remainder of area.
Malton	550	Partially controlled	Collection monthly.
Masham	466	Controlled tipping	Weekly collection—Masham township. Fortnightly collection—other parts where served.
Northallerton	3,100	Partially controlled	Weekly collection—Ainderby Steeple, Morton-on-Swale, Thrintoft, Brompton and Romanby. Fortnightly collection—other areas. Ashpits emptied at 2-3 monthly intervals.
ickering	626	Uncontrolled tipping	Fortnightly collection in villages, every 3 weeks in other parts.
keeth	1,200	Partially controlled	Weekly collection. Farms monthly
Richmond	2,000	do	Weekly collection
carborough	1,075	Controlled tipping	Fortnightly collection from large communities. Monthly collection from small communities served.
artforth	3,564	Uncontrolled tipping	Weekly collection.
okesley	10,020	Controlled tipping	Weekly collection except two parishes fortnightly.
hirsk	8,256	Uncontrolled tipping	Weekly collection from bins and pails. Monthly collection from privy middens and ashpits.
Vath	700	Controlled tipping	Fortnightly collection.
Whitby	4,705	Uncontrolled 85% Incineration 15%	Weekly collection in 30 villages. Fortnightly collection in 10 villages. Monthly collection in 10 villages.

### NUISANCES.

The duties of local authorities in the Riding under Section 91 et seq. Part III of the Public Health Act 1936, for the detection and abatement of nuisances, continues to be carried out in a spirit of co-operation between officials and the general public.

A statistical survey of work done in the county is given in the following table.

#### NUISANCE INSPECTIONS (other than Housing inspections).

DISTRICT	No. of inspections	Nuisances found	Informal notices served	* Complied with	Statutory notices served	* Complied with	Legal proceedings
URBAN							
Eston .. ..	2437	2459	1663	1655	44	42	—
Guisborough ..	810	446	274	248	—	—	—
Loftus .. ..	271	82	82	76	3	3	—
Malton .. ..	102	34	30	25	—	—	—
Northallerton ..	198	347	199	191	8	8	—
Pickering .. ..	31	31	22	22	—	—	—
Redcar Borough† ..	7629	7410	7410	7400	—	—	—
Richmond Borough ..	362	306	280	280	1	1	—
Saltburn & Marske ..	1015	290	97	94	4	4	—
Scalby .. ..	150	26	26	26	—	—	—
Scarborough Borough	163	75	78	77	2	2	—
Skelton & Brotton ..	1658	417	417	416	30	30	—
Thornaby Borough ..	966	787	644	661	139	147	—
Whitby .. ..	380	83	37	37	13	13	—
RURAL.							
Aysgarth .. ..	34	26	12	12	—	—	—
Bedale .. ..	34	24	20	16	3	3	—
Croft .. ..	6	6	6	7	—	—	—
Easingwold .. ..	284	97	86	84	2	2	—
Flaxton .. ..	61	53	15	15	1	1	—
Helmsley .. ..	53	36	36	35	—	—	—
Kirbymoorside .. ..	57	27	27	27	—	—	—
Leyburn .. ..	47	17	5	5	—	—	—
Malton .. ..	86	38	—	—	—	—	—
Masham .. ..	29	27	3	3	1	1	—
Northallerton .. ..	324	303	303	295	—	—	—
Pickering .. ..	7	6	1	1	—	—	—
Reeth .. ..	89	34	6	6	—	—	—
Richmond .. ..	23	23	23	19	7	4	—
Scarborough .. ..	60	40	28	28	—	—	—
Startforth .. ..	150	80	80	68	1	1	—
Stokesley .. ..	110	152	76	76	8	6	—
Thirsk .. ..	112	59	30	15	—	—	—
Wath .. ..	37	13	11	10	—	—	—
Whitby .. ..	129	57	16	16	—	—	—
Totals .. ..	17,904	13,911	12,043	11,946	267	268	—

\* These figures include notices pending at the end of 1953.

† These figures include nuisances found during housing inspections, which are not included in the returns of other authorities.



## INSPECTION AND SUPERVISION OF FOOD.

### Food poisoning notifications.

Forty-two cases of food poisoning were notified during the year, a decrease of 1 on the previous year.

### Food poisoning and contamination.

No major outbreak of food poisoning as distinct from infectious disease arising from contamination, occurred during the year. A minor outbreak of suspected food poisoning occurred at schools in the Loftus and Brotton area and this was investigated by the district medical officer and the chief county health inspector ; samples of food prepared at the central kitchen and faeces of children affected were examined. No salmonella organisms were grown from either type of specimen ; staphylococci were grown from faeces, potato and lettuce, but as the phage types were different the findings of staphylococci were regarded as having no special significance. The results of the investigations were inconclusive and the outbreak terminated without any serious consequences.

In December 1954 and January 1955 an outbreak of typhoid occurred in the Pickering and Thornton-le-Dale areas : A total of 33 cases were involved of which 26 were considered to be primary, 6 secondary and one indefinite *i.e.* either primary or secondary. The onset of the outbreak was considered to have been during an influenza epidemic but clinical diagnosis was obscured owing to the prolonged use of drugs for respiratory infections. Following receipt of reports on blood examinations from hospitals to which patients had been admitted for observation, the district medical officer instituted full enquiries ; assistance was forthcoming from the Ministry of Health, the Medical Research Council, county health inspectors and sanitary inspectors from contiguous areas. Samples of water, milk and foods common to all households in which infection had occurred were taken ; a detailed investigation of every case and affected household was carried out in an effort to ascertain the vehicle of infection. Finally the source was considered to be a 6 lb. tin of imported ox tongue which was retailed sliced in Pickering. Examinations of the premises from which the food was sold and of the persons handling the food were made the results of which indicated that contamination was present prior to the tongue reaching Pickering.

The County Medical Officer met members of hospital medical staffs in the area and gave advice regarding precautions to be taken at hospitals particularly in relation to ward contacts and nursing staff. All contacts recently discharged from hospitals were kept under surveillance by the staffs of the county health department and samples of river water were taken below Pickering for examination to ensure that persons residing downstream were not being endangered.

### Food Hygiene.

During the year lectures were given by the county health inspectors to senior school children, catering students and hospital staffs and film strips were shown illustrating the need for clean food handling and wrapping, etc.

From available returns it would appear that food hygiene is receiving attention in the urban areas ; Eston, Northallerton, Saltburn and Scalby urban districts and the boroughs of Redcar, Richmond and Scarborough all report activities in educating catering staffs. In the rural areas only Aysgarth, Helmsley, Northallerton, Pickering and Richmond have reported any activity ; in view of the growing importance of the prevention of food infections it is hoped that in other areas it will receive more attention.



**Food and Drugs Acts.**

The sampling and examination comprise articles obtained under the Food and Drugs Acts, 1938-1950, Public Health (Condensed Milk) Regulations, 1923-1943, Public Health (Dried Milk) Regulations, 1923-1943, Public Health (Preservative in Food) Regulations and the Supplies and Services (Transitional Powers) Act, 1945.

I am indebted to the Chief Inspector of Weights and Measures (Mr. William C. Harrison) for the following statistics :—

Total number of samples taken	Number Genuine	Number Adulterated	Number Inferior	False Description
786	774	3	7	2

The following table shows the number and type of samples taken during the year of which some were found to be adulterated, inferior or sold under a false description :—

Type of sample	Samples taken	Number adulterated	Number inferior	False description
Beef Sausages .. ..	17	—	—	2
Pork Sausages .. ..	19	—	1	—
Dripping .. ..	6	1	1	—
Milk .. ..	361	2	5	—

**MILK SUPPLIES.****MILK (SPECIAL DESIGNATION) (PASTEURISED AND STERILISED MILK REGULATIONS 1949—1953.**

The obligations of the County Council as licensing authority under the above Regulations necessitate frequent inspection of all premises on which pasteurised milk is produced and regular sampling of the milk to ensure efficiency of pasteurisation. These duties have been carried out during the year by the county health inspectors and are summarised in the following table :—

Plant No.	Type	No. of Inspections	No. of samples taken	Phosphatase test		Methylene Blue test		Biological examination	
				Passed	Failed	Passed	Failed	Negative	Positive
1	Holder	50	104	103	1	95	1	1	—
2	do	41	106	98	8	100	—	8	—
3	do	26	94	94	—	83	—	—	—
4	do	45	52	52	—	48	—	—	—
5	do	30	54	53	1	48	—	1	—
6	do	30	26	26	—	23	—	—	—
7	H.T.S.T.	40	102	102	—	96	—	—	—
8	H.T.S.T.	5	37	37	—	29	—	—	—
TOTAL ..		267	575	565	10	522	1	10	—

A licence was issued on 16-8-55 for the use of a new holder type plant situated in the Wensleydale area.

The appointed date for the operation of sub-paragraph 3, of paragraph 7, Part 1 of the Second Schedule, Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949, requiring the use of caps or covers overlapping the lips of containers and the sealing of churns used for pasteurised milk, was defined by the Milk (Special Designation) (Pasteurised and Sterilised Milk) (Amendments) Regulations 1953 as the 1st October, 1954. In view of the ample notice given, little difficulty was experienced in effecting the change ; only one plant engaged solely on the pasteurisation of milk for bulk sale ceased operations.

With one exception the producers maintained a high standard of efficiency in milk pasteurisation and were co-operative at all times. The defaulting producer was notified that the Health Committee were not prepared to recommend renewal of his licence for the year 1955 ; following representations he was interviewed by the Committee and after presentation of his case by an official of the National Dairymen's Association he was cautioned as to his future conduct and permitted to continue subject to satisfactory maintenance of premises and milk sampling record.

As in previous years, milk bottle cleanliness has been checked at regular intervals ; specimen bottles in groups of six have been taken from each plant for rinse tests, with varying results. These cannot be regarded with complacency despite a progressive reduction in percentage failures, viz : 1952 (31·7%), 1953 (28·1%) and 1954 (24·01%). Milk is bottled at seven licensed pasteurising dairies and the results of rinse tests from each dairy are given below :—

Dairy	Method of bottle cleansing	No. of bottles taken	Satisfactory	Unsatisfactory
No. 1 ..	Hand ..	78	72	—*
No. 2 ..	Machine ..	102	64	38
No. 3 ..	do ..	102	72	30
No. 4 ..	do ..	60	48	12
No. 5 ..	do ..	108	54	48*
No. 6 ..	do ..	36	30	6
No. 7 ..	do ..	72	72	—
Total ..	..	558	412	134

\* One group of six bottles from each of these dairies was not tested.

The majority of unsatisfactory results from bottle rinse tests were obtained from two dairies operating old inefficient bottle washing machines with a limited number of jets and minimum time-temperature retention ; completely satisfactory results were obtained from rinse tests at one dairy using



handwashing of bottles as the method of cleansing thereby ensuring individual attention and scrutiny of each bottle and from a dairy having a multi-jet washing machine of modern design.

The use of different non-statutory standards for milk bottle cleanliness by the Medical Research Council Public Health laboratories and the National Milk Testing Advisory Service of the Ministry of Agriculture and Fisheries, continued to be a source of difficulty during the year.

FOOD AND DRUGS (MILK, DAIRIES AND ARTIFICIAL CREAM) ACT, 1950,  
MILK (SPECIAL DESIGNATIONS) (SPECIFIED AREAS) ORDER, 1954.

On the 1st April, 1954, an area comprising the Boroughs of Redcar and Thornaby, the urban districts of Eston, Guisborough, Loftus, Saltburn and Marske-by-the-Sea and Skelton and Brotton, was declared to be a specified area under the above Act and Order. Within these districts the sale of milk for human consumption was restricted to milk in respect of which a special designation was authorised under the Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950 and Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations 1949-1953. The County Council as Food and Drugs Authority became responsible for enforcement of the Order and the following table gives details of the number of samples taken in the area by the county health inspectors :—

Grade	No. taken	Meth : Blue test		Phosphatase test		Turbidity test		Tubercle bacilli		Brucella abortus	
		Pass	Fail	Pass	Fail	Pass	Fail	Neg.	Pos.	Neg.	Pos.
Pasteurised	72	52	2	72	—	—	—	—	—	—	—
Sterilised	47	—	—	—	—	47	—	—	—	—	—
Tuberculin Tested	25	—	—	—	—	—	—	24	1	22	3
Accredited	5	—	—	—	—	—	—	4	1	4	1

Positive results from biological examination were few and in each case the Divisional Veterinary Officer and Medical Officer concerned were notified.

Only one breach of the Order was detected during the year. This occurred immediately after the Order became operative in an area where an alternative supply was difficult to obtain ; the retailer discontinued the sale of raw milk when notified to do so.

#### SECTION 8—MILK-BORNE INFECTIOUS DISEASE.

Three factors have been responsible for the reduction in the number of samples of milk taken from non-designated producer-retailers, namely, specification of part of the Riding, reduction in available supplies of guinea pigs and temporary shortage of staff. 373 samples were taken from farms or in process of retail sale and the results of biological examinations were as follows :—

No. taken	Tubercle bacilli		Brucella abortus		No. of samples not examined
	Negative	Positive	Negative	Positive	
373	357	3	292	27	13



Details of samples which showed the presence of tuberculosis and/or brucella abortus infection were given to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries ; animals responsible for infection of milk by tubercle bacilli were removed from the herds for slaughter under the Tuberculosis Order 1938. District Medical Officers concerned were notified to enable action to be taken under the Milk and Dairies Regulations 1949, Part VII, Regulation 20.

#### SAMPLING AT HOSPITAL DAIRY FARMS.

At the request of the Ministry of Health, milk produced at hospital farms was sampled in accordance with their schedule ; 31 samples were taken from Clifton Hospital Farm and Fairfield Sanatorium Farm. There were no positive results from biological examination for tubercle bacilli and brucella abortus ; two samples failed the methylene blue reduction test.

#### School Milk Supplies.

Measures to ensure the purity of school milk supplies and to effect improvement where necessary were continued during the year ; "Accredited" milk supplies were eliminated and non-designated supplies were further reduced.

For purposes of comparison, the following table shows the various grades of milk supplied to maintained schools on the 31st December, 1951, 1952, 1953 and 1954 :—

	31-12-51	31-12-52	31-12-53	31-12-54
No. of schools supplied with :				
Pasteurised milk ..	247	264	292	311
Tuberculin Tested milk ..	83	64	57	42
Accredited milk ..	1	1	1	—
Non-designated milk ..	33	38	25	19
Dried milk ..	7	8	5	8
No supply ..	3	1	—	—

Regular samples of milk supplied to schools were taken and submitted to the statutory tests and/or biological examination, with the object of ensuring maximum protection for the school child consumer at an age of considerable susceptibility ; 1,017 samples being taken by the county health inspectors during 1,073 visits to schools. The results of these tests and biological examinations were as follows :—

Grade	No. taken	Methylene Blue test		Phosphatase test		Biological examination		Brucella abortus	
		Passed	Failed	Passed	Failed	Tb. Neg.	Tb. Pos.	Neg.	Pos.
Pasteurised ..	855	758	17	835	11	11	—	11	—
Tuberculin Tested	89	3	2	—	—	80	—	64	2
Accredited ..	3	—	—	—	—	2	1	3	—
Non-designated	70	—	—	—	—	68	—	56	1

Discrepancies between the number of samples taken and tested, are accounted for by failure to test owing to atmospheric shade temperature in excess of 65° Fahr. ; souring of milk ; and/or death of guinea pig from intercurrent infection prior to completion of biological examination.

The foregoing table shows that the standard of school milk supplies has been consistently good ; from a total of 855 samples of heat treated milk only 1·32% failed the phosphatase test ; of 162 samples of untreated milk submitted to biological examination only one sample showed the presence of tubercle bacilli and three showed brucella abortus. When positive results are obtained from biological examination the district medical officer and the divisional veterinary officer of the Ministry of Agriculture and Fisheries are notified ; in the case of milk containing tubercle bacilli the veterinary officer takes steps to isolate and remove infected animal(s) from the herd, but where brucella abortus is found it is unfortunate that action by the officers of the Ministry of Agriculture and Fisheries is limited to the giving of advice to the producer. As it is the usual practice to recommend boiling of such milk at schools prior to consumption until the source of milk is free from infection and infected animals are isolated, failure to take positive action regarding brucella abortus presents major difficulties if no alternative source of supply is available.

Milk supplied to the Children's Committees' homes and residential nurseries was sampled at regular intervals throughout the year ; all are supplied with pasteurised milk. All 18 samples taken during the year passed the phosphatase test, but 2 failed the methylene blue test.





TABLE 1.

Number of Births in each District during 1954.

DISTRICT.	Estimated mid-year home population 1954.	Total live births.	Illegiti- mate live births.	Birth- rate per 1,000 popu- lation.	Excess of births over deaths. (Natural increase)	Natural increase per 1,000 popu- lation.
A.—URBAN.						
1. Eston .. ..	33,680	762	38	22.6	423	12.6
2. Guisborough ..	9,270	174	7	18.8	63	6.8
3. Loftus .. ..	7,670	139	5	18.1	32	4.2
4. Malton .. ..	4,120	58	4	14.1	—2	..
5. Northallerton ..	6,020	104	3	17.3	43	7.1
6. Pickering .. ..	4,150	60	4	14.5	—5	..
7. Redcar .. ..	27,720	462	20	16.7	152	5.5
8. Richmond .. ..	5,970	97	6	16.2	33	5.5
9. Saltburn and Marske	8,720	134	3	15.4	15	1.7
10. Scalby .. ..	6,270	74	2	11.8	—16	..
11. Scarborough ..	44,130	544	47	12.3	—89	..
12. Skelton and Brotton	12,800	224	13	17.5	75	5.9
13. Thornaby-on-Tees	23,800	500	24	21.0	283	11.9
14. Whitby .. ..	11,480	171	7	14.9	10	.9
Total Urban ..	205,800	3,503	183	17.0	1,017	4.9
B.—RURAL						
1. Aysgarth .. ..	3,450	42	2	12.2	—24	..
2. Bedale .. ..	8,190	137	9	16.7	71	8.7
3. Croft .. ..	2,470	52	2	21.1	36	14.6
4. Easingwold .. ..	12,670	198	5	15.6	66	5.2
5. Flaxton .. ..	20,330	305	10	15.0	19	.9
6. Helmsley .. ..	5,390	65	3	12.1	11	2.0
7. Kirbymoorside ..	4,850	67	3	13.8	3	.6
8. Leyburn .. ..	6,450	90	3	14.0	22	3.4
9. Malton .. ..	5,600	74	2	13.2	6	1.1
10. Masham .. ..	1,640	16	1	9.8	—2	..
11. Northallerton ..	8,510	126	4	14.8	31	3.6
12. Pickering .. ..	5,110	54	2	10.6	—10	..
13. Reeth .. ..	2,020	19	1	9.4	—14	..
14. Richmond .. ..	28,750	452	10	15.7	315	11.0
15. Scarborough ..	7,590	110	6	14.5	6	.8
16. Startforth .. ..	5,080	69	3	13.6	22	4.3
17. Stokesley .. ..	17,860	275	4	15.4	49	2.7
18. Thirsk .. ..	14,380	198	7	13.8	46	3.2
19. Wath .. ..	3,500	69	3	19.7	53	15.1
20. Whitby .. ..	11,860	169	3	14.2	—5	..
Total Rural ..	175,700	2,587	83	14.7	701	4.0
Administrative County ..	381,500	6,090	266	16.0	1,718	4.5
Totals for 1953 ..	378,200	6,125	254	16.2	1,838	4.9

TABLE No. 2.

Number of Deaths in each District during 1954.

DISTRICT.	Estimated mid-year home population, 1954	Total deaths.	Death-rate per 1,000 population.	Deaths under 1 year.	Total infantile mortality per 1,000 live births.	Illegitimate children, deaths under 1 year.	Illegitimate children, deaths under 1 year per 1,000 illegitimate live births.
A.—URBAN.							
1. Eston ..	33,680	339	10.1	26	34.1	3	78.9
2. Guisborough ..	9,270	111	12.0	8	46.0	..	..
3. Loftus ..	7,670	107	14.0	6	43.2	1	200.0
4. Malton ..	4,120	60	14.6	1	17.2	..	..
5. Northallerton ..	6,020	61	10.1	1	9.6	..	..
6. Pickering ..	4,150	65	15.7	..	..	..	..
7. Redcar ..	27,720	310	11.2	14	30.3	..	..
8. Richmond ..	5,970	64	10.7	3	30.9	..	..
9. Saltburn and Marske ..	8,720	119	13.6	3	22.4	..	..
10. Scalby ..	6,270	90	14.4	4	54.1	..	..
11. Scarborough ..	44,130	633	14.3	16	29.4	3	63.8
12. Skelton & Brotton ..	12,800	149	11.6	5	22.3	1	76.9
13. Thornaby-on-Tees ..	23,800	217	9.1	24	48.0	1	41.7
14. Whitby ..	11,480	161	14.0	3	17.5	..	..
Total Urban ..	205,800	2,486	12.1	114	32.5	9	49.2
B.—RURAL.							
1. Aysgarth ..	3,450	66	19.1	..	..	..	..
2. Bedale ..	8,190	66	8.1	..	..	..	..
3. Croft ..	2,470	16	6.5	1	19.2	..	..
4. Easingwold ..	12,670	132	10.4	5	25.3	..	..
5. Flaxton ..	20,330	286	14.1	7	23.0	1	100.0
6. Helmsley ..	5,390	54	10.0	..	..	..	..
7. Kirbymoorside ..	4,850	64	13.2	..	..	..	..
8. Leyburn ..	6,450	68	10.5	..	..	..	..
9. Malton ..	5,600	68	12.1	1	13.5	..	..
10. Masham ..	1,640	18	11.0	..	..	..	..
11. Northallerton ..	8,510	95	11.2	2	15.9	..	..
12. Pickering ..	5,110	64	12.5	1	18.5	..	..
13. Reeth ..	2,020	33	16.3	1	52.6	..	..
14. Richmond ..	28,750	137	4.8	15	33.2	..	..
15. Scarborough ..	7,590	104	13.7	..	..	..	..
16. Startforth ..	5,080	47	9.3	..	..	..	..
17. Stokesley ..	17,860	226	12.7	11	40.0	..	..
18. Thirsk ..	14,380	152	10.6	7	35.4	2	285.7
19. Wath ..	3,500	16	4.6	1	14.5	..	..
20. Whitby ..	11,860	174	14.7	2	11.8	..	..
Total Rural ..	175,700	1,886	10.7	54	20.9	3	36.1
Administrative County ..	381,500	4,372	11.5	168	27.6	12	45.1
Totals for 1953 ..	378,200	4,287	11.3	185	30.2	13	51.2

TABLE 3.

Deaths according to Age-Groups, 1954.

CAUSES OF DEATH.	Sex	AGGREGATE OF URBAN DISTRICTS										AGGREGATE OF RURAL DISTRICTS									
		All Ages	0-	1-	5-	15-	25-	45-	65-	75-	All Ages	0-	1-	5-	15-	25-	45-	65-			
ALL CAUSES	M	1253	68	10	6	14	69	320	338	428	990	30	7	5	23	40	227	24			
	F	1233	46	5	5	12	48	218	307	592	896	24	8	6	5	39	143	25			
1 Tuberculosis, respiratory	M	11	..	..	..	1	..	8	2	..	9	..	..	..	..	1	5				
	F	12	..	..	..	3	5	3	1	..	7	..	..	..	..	4	..				
2 Tuberculosis, other	M	3	1	1	..	..	1	..	..	..	4	..	..	..	..	..	3				
	F	1	..	..	..	..	..	1	..	..	3	..	..	..	1	..	..				
3 Syphilitic disease	M	4	..	..	..	..	..	1	2	1	1	..	..	..	..	..	1				
	F	4	..	..	..	..	..	1	2	1	2	..	..	..	..	..	1				
4 Diphtheria	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
5 Whooping cough	M	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
	F	1	..	1	..	..	..	..	..	..	..	..	..	..	..	..	..				
6 Meningococcal infections	M	2	2	..	..	..	..	..	..	..	1	1	..	..	..	..	..				
	F	..	..	..	..	..	..	..	..	..	2	1	..	1	..	..	..				
7 Acute poliomyelitis	M	1	..	1	..	..	..	..	..	..	1	..	..	1	..	..	..				
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
8 Measles	M	2	..	1	..	..	1	..	..	..	..	..	..	..	..	..	..				
	F	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..				
9 Other infective and parasitic diseases	M	6	..	2	..	1	1	2	..	..	3	..	..	..	..	..	3				
	F	3	..	..	..	1	..	..	1	1	..	..	..	..	..	..	..				
10 Malignant neoplasm, stomach	M	35	..	..	..	..	2	15	13	5	20	..	..	..	..	1	6				
	F	19	..	..	..	..	2	2	9	6	15	..	..	..	..	1	5				
11 Malignant neoplasm lung, bronchus	M	50	..	..	..	..	3	30	15	2	28	..	..	..	..	4	14				
	F	8	..	..	..	..	1	3	..	4	3	..	..	..	..	..	2				
12 Malignant neoplasm breast	M	1	..	..	..	..	..	..	1	..	..	..	..	..	..	..	..				
	F	41	..	..	..	..	5	14	8	14	22	..	..	..	..	3	11				
13 Malignant neoplasm, uterus	F	17	..	..	..	..	2	7	4	4	9	..	..	..	..	3	4				
14 Other malignant and lymphatic neoplasms	M	123	..	1	..	..	8	35	36	43	96	..	..	1	3	2	25				
	F	98	..	..	..	1	5	28	35	29	73	..	..	..	..	4	21				
15 Leukaemia, aleukaemia	M	3	..	..	..	..	2	1	..	..	6	..	1	..	1	..	1				
	F	6	..	..	..	1	..	3	..	2	1	..	..	..	..	..	..				
16 Diabetes	M	2	..	..	..	..	1	..	..	1	6	..	..	..	1	..	..				
	F	7	..	..	..	..	..	1	5	1	6	..	..	..	..	..	1				
17 Vascular lesions of nervous system	M	136	..	..	..	..	..	26	53	57	137	..	..	1	..	3	24				
	F	202	1	..	..	..	2	34	62	103	157	..	..	..	1	2	27				
18 Coronary disease, angina	M	208	..	..	..	..	7	80	60	61	178	..	..	..	1	3	51				
	F	148	..	..	..	..	2	35	53	58	95	..	..	..	..	1	9				
19 Hypertension with heart disease	M	26	..	..	..	..	..	8	7	11	19	..	..	..	..	..	1				
	F	29	..	..	..	..	..	4	9	16	18	..	..	..	..	..	2				
20 Other heart disease	M	207	..	..	..	2	8	15	53	129	163	..	..	..	..	4	17				
	F	322	..	..	..	..	5	33	55	229	218	..	..	1	..	3	14				
21 Other circulatory disease	M	64	..	..	..	..	2	10	18	34	43	..	..	..	..	1	4				
	F	53	..	..	..	..	5	3	14	31	51	..	..	..	..	2	7				
22 Influenza	M	11	..	..	..	..	..	1	1	9	11	..	..	1	..	1	2				
	F	3	..	..	..	..	..	1	2	..	3	..	..	..	..	..	..				
23 Pneumonia	M	46	12	1	2	..	1	9	9	12	29	5	2	..	..	3	5				
	F	32	6	..	1	1	2	6	6	10	28	6	..	..	..	..	7				
24 Bronchitis	M	63	1	1	..	..	1	16	26	18	28	..	..	..	..	1	12				
	F	30	1	1	..	..	..	5	6	17	20	1	..	..	..	..	2				
25 Other diseases of respiratory system	M	10	..	..	1	..	..	3	3	3	10	..	..	..	..	..	2				
	F	7	1	1	..	..	..	2	2	1	3	..	..	..	..	1	1				
26 Ulcer of stomach and duodenum	M	19	..	..	..	..	1	8	7	3	14	..	..	..	..	..	0				
	F	4	..	..	..	..	..	1	3	..	5	..	..	..	..	..	1				
27 Gastritis, enteritis and diarrhoea	M	6	..	1	1	..	1	3	..	..	3	1	..	..	..	..	1				
	F	4	..	..	..	..	1	2	1	..	7	1	..	..	..	..	1				



[illegible]

TABLE 4.

Deaths in Sanitary Districts from the seven chief causes, 1954.

DISTRICT	Cancer.		Heart disease.		Respiratory non-tuberculosis.		Tuberculosis-Pulmonary.		Tuberculosis non-pulmonary.		Other circulatory disease.		Valley Districts
	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.	Death rate per 1,000 population.	No.
A.—URBAN.													
1. Eston ..	53	1.57	93	2.76	34	1.01	4	.12	..	..	21	.62	50
2. Guisborough ..	16	1.73	47	5.07	16	1.73	1	.11	..	..	2	.22	8
3. Loftus ..	16	2.09	34	4.43	7	.91	..	..	..	..	6	.78	22
4. Malton ..	8	1.94	29	7.04	6	1.46	..	..	1	.24	1	.24	5
5. Northallerton ..	10	1.66	20	3.32	5	.83	..	..	..	..	8	1.33	9
6. Pickering ..	12	2.89	23	5.54	3	.72	..	..	..	..	4	.96	14
7. Redcar ..	52	1.88	112	4.04	23	.83	3	.11	..	..	11	.40	45
8. Richmond ..	7	1.17	23	3.85	8	1.34	..	..	..	..	7	1.17	10
9. Saltburn and Marske	21	2.41	42	4.82	8	.92	3	.34	..	..	5	.57	15
10. Scalby ..	17	2.71	39	6.22	1	.16	4	.64	..	..	2	.32	14
11. Scarborough ..	100	2.27	285	6.46	35	.79	3	.07	2	.05	25	.57	79
12. Skelton & Brotton ..	24	1.88	48	3.75	12	.94	..	..	1	.08	16	1.25	19
13. Thornaby-on-Tees ..	39	1.64	69	2.90	20	.84	5	.21	..	..	8	.34	23
14. Whitby ..	26	2.26	76	6.62	10	.87	..	..	..	..	1	.09	25
Total Urban ..	401	1.95	940	4.57	188	.91	23	.11	4	.02	117	.57	338
B.—RURAL.													
1. Aysgarth ..	7	2.03	19	5.51	6	1.74	2	.58	..	..	1	.29	19
2. Bedale ..	9	1.10	23	2.81	4	.49	1	.12	..	..	4	.49	10
3. Croft ..	1	.40	5	2.02	1	.40	..	..	..	..	1	.40	2
4. Easingwold ..	13	1.03	49	3.87	8	.63	1	.08	..	..	6	.47	16
5. Flaxton ..	36	1.77	122	6.00	18	.89	3	.15	1	.05	22	1.08	32
6. Helmsley ..	8	1.48	16	2.97	1	.19	..	..	..	..	3	.56	13
7. Kirbymoorside ..	5	1.03	21	4.33	3	.62	..	..	..	..	4	.52	14
8. Leyburn ..	18	2.79	28	4.34	9	1.40	..	..	..	..	..	..	3
9. Malton ..	10	1.79	28	5.00	5	.89	..	..	1	.18	..	..	13
10. Masham ..	1	.61	7	4.27	1	.61	..	..	1	.61	2	1.22	7
11. Northallerton ..	15	1.76	39	4.58	5	.59	1	.12	..	..	6	.71	17
12. Pickering ..	13	2.54	19	3.72	2	.39	..	..	1	.20	7	1.37	11
13. Reeth ..	5	2.48	9	4.46	2	.99	..	..	..	..	2	.99	11
14. Richmond ..	24	.83	42	1.46	13	.45	1	.03	..	..	3	.10	16
15. Scarborough ..	15	1.98	36	4.74	9	1.19	1	.13	1	.13	6	.79	20
16. Startforth ..	11	2.17	15	2.95	1	.20	..	..	..	..	5	.98	11
17. Stokesley ..	32	1.79	73	4.09	13	.73	2	.11	2	.11	11	.62	3
18. Thirsk ..	20	1.39	69	4.80	9	.63	1	.07	..	..	3	.21	11
19. Wath ..	4	1.14	4	1.14	..	..	..	..	..	..	..	..	3
20. Whitby ..	26	2.19	67	5.65	8	.67	3	.25	..	..	8	.67	3
Total Rural ..	273	1.55	691	3.93	118	.67	16	.09	7	.04	94	.54	29
Administrative County ..	674	1.77	1631	4.28	306	.80	39	.10	11	.03	211	.55	63

TABLE 5.

Number of Deaths from certain Diseases in each District during 1954.

DISTRICT.	Pulmonary tuberculosis.				Other tuberculosis.				All tuberculosis.				Influenza.		Bronchitis and other respiratory diseases.	
	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Primary Notifications.	Deaths.	Notification-rate per 100 deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.
A.—URBAN.																
Eston .. .. .	21	4	525.0	.12	2	..	..	..	23	4	575.0	.12	1	.03	19	.56
Guisborough .. .. .	3	1	300.0	.11	..	..	..	..	3	1	300.0	.11	1	.11	12	1.29
Loftus .. .. .	1	..	..	..	1	..	..	..	2	..	..	..	1	.13	4	.52
Malton .. .. .	1	..	..	..	..	1	..	.24	1	1	100.0	.24	..	..	4	.97
Northallerton .. .. .	4	..	..	..	1	..	..	..	5	..	..	..	1	.17	4	.66
Pickering .. .. .	..	..	..	..	..	..	..	..	..	..	..	..	1	.24	2	.48
Redcar .. .. .	20	3	666.7	.11	4	..	..	..	24	3	800.0	.11	2	.07	11	.40
Richmond .. .. .	4	..	..	..	..	..	..	..	4	..	..	..	..	..	5	.84
Saltburn and Marske .. .. .	4	3	133.3	.34	1	..	..	..	5	3	166.7	.34	2	.23	5	.57
Scalby .. .. .	2	4	50.0	.64	1	..	..	..	3	4	75.0	.64	..	..	..	..
Scarborough .. .. .	17	3	566.7	.07	4	2	200.0	.05	21	5	420.0	.11	2	.05	24	.54
Skelton and Brotton .. .. .	11	..	..	..	1	1	100.0	.08	12	1	1200.0	.08	1	.08	6	.47
Thornaby-on-Tees .. .. .	28	5	560.0	.21	..	..	..	..	28	5	560.0	.21	..	..	6	.25
Whitby .. .. .	3	..	..	..	1	..	..	..	4	..	..	..	2	.17	8	.70
Total Urban .. .. .	119	23	517.3	.11	16	4	400.0	.02	135	27	500.0	.13	14	.07	110	.53
B.—RURAL.																
Aysgarth .. .. .	1	2	50.0	.58	2	..	..	..	3	2	150.0	.58	2	.58	3	.87
Bedale .. .. .	3	1	300.0	.12	1	..	..	..	4	1	400.0	.12	1	.12	2	.24
Croft .. .. .	2	..	..	..	..	..	..	..	2	..	..	..	..	..	..	..
Easingwold .. .. .	5	1	500.0	.08	1	..	..	..	6	1	600.0	.08	1	.08	3	.24
Flaxton .. .. .	6	3	200.0	.15	1	1	100.0	.05	7	4	175.0	.20	..	..	7	.34
Helmsley .. .. .	2	..	..	..	..	..	..	..	2	..	..	..	1	.19	1	.19
Kirbymoorside .. .. .	2	..	..	..	..	..	..	..	2	..	..	..	2	.41	3	.62
Leyburn .. .. .	7	..	..	..	1	..	..	..	8	..	..	..	2	.31	8	1.24
Malton .. .. .	3	..	..	..	..	1	..	.18	3	1	300.0	.18	..	..	3	.54
Masham .. .. .	..	..	..	..	1	1	100.0	.61	1	1	100.0	.61	..	..	1	.61
Northallerton .. .. .	3	1	300.0	.12	..	..	..	..	3	1	300.0	.12	1	.12	3	.35
Pickering .. .. .	2	..	..	..	..	1	..	.20	2	1	200.0	.20	..	..	1	.20
Reeth .. .. .	2	..	..	..	..	..	..	..	2	..	..	..	..	..	1	.50
Richmond .. .. .	16	1	1600.0	.03	2	..	..	..	18	1	1800.0	.03	1	.03	7	.24
Scarborough .. .. .	1	1	100.0	.13	1	1	100.0	.13	2	2	100.0	.26	..	..	5	.66
Startforth .. .. .	2	..	..	..	..	..	..	..	2	..	..	..	..	..	1	.20
Stokesley .. .. .	10	2	500.0	.11	1	2	50.0	.11	11	4	275.0	.22	2	.11	2	.11
Thirsk .. .. .	10	1	1000.0	.07	1	..	..	..	11	1	1100.0	.07	..	..	5	.35
Wath .. .. .	..	..	..	..	1	..	..	..	1	..	..	..	..	..	..	..
Whitby .. .. .	6	3	200.0	.25	2	..	..	..	8	3	266.7	.25	1	.08	5	.42
Total Rural .. .. .	83	16	518.8	.09	15	7	214.3	.04	98	23	426.1	.13	14	.08	61	.35
Administrative County .. .. .	202	39	517.9	.10	31	11	281.8	.03	233	50	466.0	.13	28	.07	171	.45





TABLE 6.

Number of Deaths from certain Diseases in each District during 1954

DISTRICT	Pregnancy, childbirth, abortion.		Congenital malformations.	
	Deaths	Death-rate per 1,000 births.	Deaths	Death-rate per 1,000 births.
A.—URBAN.				
1. Eston .. ..	..	..	5	6.56
2. Guisborough .. ..	1	5.75	1	5.75
3. Loftus .. ..	..	..	..	..
4. Malton .. ..	..	..	1	17.24
5. Northallerton .. ..	..	..	..	..
6. Pickering .. ..	..	..	..	..
7. Redcar .. ..	1	2.16	3	6.49
8. Richmond .. ..	..	..	..	..
9. Saltburn and Marske .. ..	..	..	..	..
10. Scalby .. ..	..	..	..	..
11. Scarborough .. ..	..	..	4	7.35
12. Skelton and Brotton .. ..	..	..	..	..
13. Thornaby-on-Tees .. ..	..	..	3	6.00
14. Whitby .. ..	..	..	..	..
Total Urban .. ..	2	.57	17	4.85
B.—RURAL				
1. Aysgarth .. ..	..	..	..	..
2. Bedale .. ..	1	7.30	1	7.30
3. Croft .. ..	1	19.23	..	..
4. Easingwold .. ..	..	..	2	10.10
5. Flaxton .. ..	1	3.28	5	16.39
6. Helmsley .. ..	..	..	..	..
7. Kirbymoorside .. ..	..	..	..	..
8. Leyburn .. ..	..	..	..	..
9. Malton .. ..	..	..	1	13.51
10. Masham .. ..	..	..	..	..
11. Northallerton .. ..	..	..	1	7.94
12. Pickering .. ..	..	..	..	..
13. Reeth .. ..	..	..	..	..
14. Richmond .. ..	..	..	1	2.21
15. Scarborough .. ..	..	..	1	9.09
16. Startforth .. ..	..	..	..	..
17. Stokesley .. ..	..	..	..	..
18. Thirsk .. ..	1	5.05	3	15.15
19. Wath .. ..	..	..	1	14.49
20. Whitby .. ..	1	5.92	2	11.83
Total Rural .. ..	5	1.93	18	6.96
Administrative County .. ..	7	1.15	35	5.75

TABLE 7.

Notification of Infectious Disease in 1954, as given in the weekly returns rendered by Medical Officers of Health.

DISTRICT.	Smallpox.	Scarlet fever.	Diphtheria.	Enteric Fever, includes typhoid & paratyphoid.	Acute Pneumonia.	Cholera.	Plague.	Meningococcal Infection.		Acute poliomyelitis.	Acute encephalitis.	Food poisoning.	Dysentery.	Ophthalmia neonatorum.	Erysipelas.	Malaria (at home).	Malaria (abroad).	Chickenpox.	Measles.	Whooping cough.	Puerperal pyrexia.	Tuberculosis.	
								Paralytic	Non-paralytic	Infective	Post-infectious											Respiratory	Meninges & C.N.S.
A.—URBAN																							
1. Eston ..	54	1	8	1	4	2	5	4	215	36	5	21	1										
2. Guisborough ..	18	1	5	1	2	1	1	14	2	2	3	1											
3. Loftus ..	4	4	4	2	2	61	53	1	1	1	4	1											
4. Malton ..	3	3	3	3	3	3	3	3	3	3	3	3											
5. Northallerton ..	1	1	1	1	1	1	1	1	1	1	1	1											
6. Pickering ..	29	25	25	2	2	1	1	8	258	100	2	20	1										
7. Redcar ..	3	3	3	2	2	1	1	6	6	6	4	4											
8. Richmond ..	18	3	3	2	2	1	1	25	12	4	4	4											
9. Saltburn & Marske ..	48	29	29	1	1	13	1	1	1	1	2	2											
10. Scalby ..	9	2	25	1	1	2	2	133	61	11	11	11											
11. Scarborough ..	26	5	13	2	2	7	7	166	13	28	28	28											
12. Skelton & Brotton ..	8	2	2	1	1	2	2	4	4	i	3	3											
13. Thornaby-on-Tees ..	8	2	2	1	1	2	2	4	4	i	3	3											
14. Whitby ..	8	2	2	1	1	2	2	4	4	i	3	3											
Total Urban	214	5	7	114	5	8	3	29	17	1	31	3	8	897	380	16	119	6					
1953	354	1	1	128	8	2	1	28	14	1	28	1	1	1797	637	20	*	*					
B.—RURAL.																							
1. Aysgarth ..	4	7	2	2	40	20	3	1															
2. Bedale ..	4	15	1	3	32	20	3	3															
3. Croft ..	1	8	1	2	6	15	2	2															
4. Easingwold ..	9	5	1	2	1	43	1	5															
5. Flaxton ..	23	5	1	2	7	12	6	6															
6. Helmsley ..	8	1	1	3	1	6	2	2															
7. Kirbymoorside ..	7	1	1	6	10	1	2	2															
8. Leyburn ..	2	5	1	1	16	5	7	7															
9. Malton ..	3	3	2	3	1	5	3	3															
10. Masham ..	3	2	2	2	15	12	3	3															
11. Northallerton ..	1	1	1	3	5	1	2	2															
12. Pickering ..	1	3	1	3	5	11	2	2															
13. Reeth ..	16	52	1	1	49	41	3	16															
14. Richmond ..	16	1	1	2	23	20	1	1															
15. Scarborough ..	3	2	2	1	5	7	2	2															
16. Startforth ..	20	14	1	1	85	15	1	10															
17. Stokesley ..	5	2	1	1	1	27	1	10															
18. Thirsk ..	1	2	1	1	1	1	1	6															
19. Wath ..	5	2	1	1	12	1	1	6															
20. Whitby ..	5	2	1	1	12	1	1	6															
Total Rural	112	1	124	8	10	6	1	1	13	19	19	22	178	309	241	7	83						
1953	243	2	1	116	2	18	3	3	15	8	2	23	7	70	2363	650	8	*					
Administrative County	326	5	8	238	13	18	9	1	1	42	36	1	50	25	186	1206	621	23	202				
1953	597	3	2	244	10	20	3	4	43	22	3	51	8	71	4160	1287	28	*					

\*Not shown on weekly returns during 1953.



TABLE 8.

Number of Deaths from Infectious Diseases in each District during 1954.

DISTRICT.	Diph- theria.		Measles.		Whooping cough.		Pneu- monia	
	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths.	Death-rate per 1,000 population.	Deaths	Death-rate per 1,000 population.
A.—URBAN.								
1. Eston ..	..	..	1	·03	1	·03	15	·45
2. Guisborough ..	..	..	..	..	..	..	4	·43
3. Loftus ..	..	..	..	..	..	..	3	·39
4. Malton ..	..	..	..	..	..	..	2	·49
5. Northallerton ..	..	..	..	..	..	..	1	·17
6. Pidkering ..	..	..	..	..	..	..	1	·24
7. Redcar ..	..	..	1	·04	..	..	12	·43
8. Richmond ..	..	..	..	..	..	..	3	·50
9. Saltburn and Marske ..	..	..	..	..	..	..	3	·34
10. Scalby ..	..	..	..	..	..	..	1	·16
11. Scarborough ..	..	..	..	..	..	..	11	·25
12. Skelton and Brotton ..	..	..	..	..	..	..	6	·47
13. Thornaby-on-Tees ..	..	..	..	..	..	..	14	·59
14. Whitby ..	..	..	..	..	..	..	2	·17
Total Urban ..	..	..	2	·01	1	·005	78	·38
B.—RURAL								
1. Aysgarth ..	..	..	..	..	..	..	3	·87
2. Bedale ..	..	..	..	..	..	..	2	·24
3. Croft ..	..	..	..	..	..	..	1	·40
4. Easingwold ..	..	..	..	..	..	..	5	·39
5. Flaxton ..	..	..	..	..	..	..	11	·54
6. Helmsley ..	..	..	..	..	..	..	..	..
7. Kirbymoorside ..	..	..	..	..	..	..	..	..
8. Leyburn ..	..	..	..	..	..	..	1	·16
9. Malton ..	..	..	..	..	..	..	2	·36
10. Masham ..	..	..	..	..	..	..	..	..
11. Northallerton ..	..	..	..	..	..	..	2	·24
12. Pickering ..	..	..	..	..	..	..	1	·20
13. Reeth ..	..	..	..	..	..	..	1	·50
14. Richmond ..	..	..	..	..	..	..	6	·21
15. Scarborough ..	..	..	..	..	..	..	4	·53
16. Startforth ..	..	..	..	..	..	..	..	..
17. Stokesley ..	..	..	..	..	..	..	11	·62
18. Thirsk ..	..	..	..	..	..	..	4	·28
19. Wath ..	..	..	..	..	..	..	..	..
20. Whitby ..	..	..	..	..	..	..	3	·25
Total Rural ..	..	..	..	..	..	..	57	·32
Administrative County ..	..	..	2	·005	1	·003	135	·35









